Form 990

Return of Organization Exempt From Income Tax

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20**08**

Open to Public
Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20 C Name of organization SUTTER EAST BAY HOSPITALS Please use IRS B Check if apple D Employer Identification number Address Doing Business As land of 94-1196176 Number and street (or P.O. box if mail is not delivered to street address) Namo change print or Room/sulte E Telephone number lintial relian 3012 SUMMIT STREET, 3RD FLOOR (916) 286-6665 Soncifi Termination City or town, state or country, and ZIP + 4 Amerided return tions: OAKLAND, CA 94609 G Gross receipts \$ 1, 018, 157, 815. F Name and address of principal officer; WARREN KIRK Application pending H(a) is this a group return for alfiliates? χNο SUMMIT STREET, 3RD FLOOR OAKLAND, H(b) Are all affiliates included? X 501(c) (3) ◀ (insert no.) 4947(a)(1).or Il "No," attach a list. (see instructions) Website: WWW. SUTTERHEALTH. ORG H(c) Group exemption number Type of organization: X Corporation Other > L Year of formation: 1936 M State of legal domicile: Summary Briefly describe the organization's mission or most significant activities: Activities & Governance Check this box ▶ if the organization disconlinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line ta) Number of Independent voting members of the governing body (Part VI, line 1b) 4 16 Total number of employees (Part V. line 2a) 5,666 Total number of volunteers (estimate if necessary) 6 440 7 a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7 a 870,296. b Net unrelated business taxable income from Form 990-T line 34 -206, 171Prior Year **Current Year** 8° Contribution and grants (Part VIII, line 1h) Revenue 11,969,662. 10, 265, 165. Program service revenue (Part VIII, line 2g) 942,702,893. 992,004,075. 1.0 Investment income (Part VIII, column (A), lines 3, 4, and 7d), 3,706,033. 2,577,981. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7, 198, 449. 7,461,394. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 965, 577, 037. 012,308,615. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 754, 996. 824,423. NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 413,644,937. 478, 221, 468. 16 a Professional fundralsing fees (Part IX, column (A), line (1e) b Total fundraising expenses, Part (X; column (D), line 25) ► NONE 17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 459,588,310 446,369.893. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 873,988,243 925, 415, 789. 19 Revenue less expenses. Subtract line 18 from line 12 91,588,794 86, 892, 825. Beginning of Year End of Year 20 Total assets (Part X, line 16) 540,946,324 511,798,449, 21 Total liabilities (Part X, line 26) 296, 795, 557 311,030,279: Net assets or fund balances. Subtract line 21 from line 20. 244, 150, 767 200,768,170. Pari II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Type or print name and little Check if self-employed Preparer's identifying number Preparer's Paid (see instructions) signature P00043433 Preparer's Firm's name (or your Firm's name (or yours)

ERNST & YOUNG U.S. LLP

address, and ZIP + 4

2901 DOUGLAS BLVD., SUITE 300 BOSEVILLE, CA 95661 FIN 34-6565596 916-218-1900 May the IRS discuss this return with the preparer shown above? (See instructions) X Yes For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

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orm 990 (2008)			94-1196176	Page 2
Part III Stater	nent of Program Service	Accomplishments (see instructions	Material Committee Committ	
1 Briefly describ SEE SCHED	e the organization's mission OULE O);		
	- Marian Carantal Car			
the prior Form	990 or 990-EZ?	uificant program services during t	he year which were not liste	d on Yes X No
Did the organ services?	be these new services on S ization cease conducting, on be these changes on Scheo	or make significant changes in ho	w it conducts, any program	Yes X No
4 Describe the e Section 501(c)	xempt purpose achieveme)(3) and 501(c)(4) organiza	ude o. hts for each of the organization's th tions and section 4947(a)(1) trusts and revenue, if any, for each progra	are required to report the amo	y expenses. ount of grants and
4a (Code: SEE SCHED		511,861. including grants of \$	824, 423:) (Revenue \$	996,098,740.
		4		
Name of the last o				
4b (Code;) (Expenses \$	including grants of \$) (Revenue \$	
*			the control of the co	
				
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
(Expenses \$	n services. (Describe in Sch including gr	ants of \$) (Reve	enue \$)	
40 10tal progran 8A E1020 1.000	n service expenses ▶ \$	879, 511, 861. (Must equal Pan	t IX, Line 25, column (B).)	Form 990 (2008

Part	IV Checklist of Required Schedules			
	in the state of th		Yвз	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	·
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	l . I		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		·	ľ.
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to		Ì	ľ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete		ļ.	i.v.
	Schedule D. Part I	6		X
.7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			za ž
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X.
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
w ·	complete Schedule D, Part IV	9	نست	X
1 D	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D.			
	Parts VI, VIII, IX, or X as applicable	11	X.	<u> </u>
12	Did the organization receive an audited financial statement for the year for which it is completing this return			ļ.,.
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? It "Yes," complete Schedule E	13	<u>.</u>	X_
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	ļ	X
b .	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		;	
i di	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			1 . 1
2.451	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			ļ."
32.22.0	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	-	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X.
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20	X	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III.	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions		1	1
യ്ക	24b-24d and complete Schedule K. If "No;" go to question 25	24a	1	+
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	X
. 6	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			*1*
- 4	to defease any tax-exempt bonds?	24c		X_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	X
∠5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	-	1	2.
: 12-	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	 	X.
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified		ŀ	
20	person from a prior year? If "Yes," complete Schedule L, Part I'	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		ŀ	
9.7	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26	 	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	25.00		2.7.
JSA	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	X
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Pal	Checklist of Required Schedules (continued)	t i Smatti	7 7	STORY OF STREET
		, see Tour con-	Yes	No
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L.			
b	Part IV Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28a 28b	x	×
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L. Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_^_	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule Ni, Part I	31.	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301:7701-2 and 301:7701-37 if "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	_X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	×	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	More a susception in the first and a superior and a superior products and a superior and a super	37	i	X.

Par	Statements Regarding Other IRS Filings and Tax Compliance	. 3	*	
			Yes:	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns, Enter-0- if not applicable			i.
	Enter the number of Forms W-2G included in line 1a, Enter 0- if not applicable 15 NONE		į	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	į	1	
7	gaming (gambling) winnings to prize winners?	10	X	
2=	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	; F	1, 11	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5,666	1		*
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	ä	-	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			10 to
y G	this return? Free terres terre	Зa	×	.3
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	dventia imancial account in a toreign country (such as a bank account, securities account, in other mancial account)?	4a		SZ.
	If "Yes," enter the name of the foreign country:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	:		12
1	and Financial Accounts.		ŀ	į.
E	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
		30		-
	If "Yes," to question 5a or 5b; did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c	-	
	Prohibited Tax Sheller Transaction?	6a		x
	Did the organization solicit any contributions that were not tax deductible?	ua		1
D.	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		1
· ·	giffs were not tax deductible?	0.0		
7	Organizations that may receive deductible contributions under section 170(c).	7a		×
	Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75?	7b	 	**************************************
	If "Yes." did the organization notify the donor of the value of the goods or services provided?		-	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	1	300
	required to file Form 8282?			<u> X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year		1	ľ
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7 e	. :	1
ė	benefit contract?	7f		X.
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	ļ	, A.
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	19	-	1:
II.	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		l:
D	required? The first and success the same was the same success for the same and a same same and same success for the same success for th	7 11		-
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			ľ
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8		
9	organization, have excess business holdings at any time during the year?	-	-	
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		, ,
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	- 1
	Section 501(c)(7) organizations. Enter	3.0		
0				
		1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:	1		
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	The state of the second of the			
D)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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. ca	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124	 	
<u>M</u>		Form	990	(2008)
		3 0111	ي برين	"YENGO!

Form 990 (2008) Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions. 1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors of trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members. of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8 b Х 9a Does the organization have local chapters, branches, or affiliates? 9a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with those of the organization? 9 b 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes;" provide the names and addresses in Schedule O Section B. Policies Yes No 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 X Does the organization have a written document retention and destruction policy? 14 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? 15b X Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard

	the organization's exempt status with respect to such arrangements?
Sect	ion C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed > CA,
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <u>TERESA HO 3012 SUMMIT STREET, 3RD FLOOR OAKLAND, CA 94609</u> 510-869-8284

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(Č): Bosilion (check all that apply)						(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
Sport of the State of	hours per	Individual trustee or director		O	7	Highest compensated	7	compensation	compensation	amount of
	week	목물	1113	Officer	a As	npic ghe	Former	from	from related	other
		dua		7	a de	yee	4	the	organizations	compensation
		7 2	Institutional Irustee		Key employee	9		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		stee	T st		e	Jen	ļ	(100-21/1000-10/1000)		and related
			e	١.		ale	١.			organizations
		-		-		<u>a</u>				Department of the Control of the Con
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SEE SCHEDULE J-2				-	-				<u> </u>	<u> </u>
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<u>، حکمت است میاند می اس این این این این است می در در در بازی نیز در داف می در در در در وی په پر پی</u>	1		1	ŀ						
		.i	<u>L.</u>					1		
			į.,	ľ			Ì			

JSA

(A) Name and title	(B) Average	(C) Position (check all that apply)				lhat apı	oly)	(D) Reportable	(E) Réportable	(F) Estimated
	hours per week	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	amount of other compensation
بينان بديد بديد الدينة بكرينة أحداث ويراني من مسروف في الماضي من وسروف المراضية								:		
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ۦۑ؞ٮۦٮ؞ <u>ڛۑؠ</u> ؞؞ڝڔ؞ڂڹؿڔۼڹۺۼڿۺۼۼۺڣ						:				
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پرچاریت سرچان در	1					: .		-	·	- Table 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
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د پارپانس بیداند سر مهرسود درد و مواند چواهد کاراند که انداری با چواچه چه چه کارای که چواچه و پارپانس پید										
	 	<i>J</i> ⁰ 2 ²⁰ 1		-	-					
		ļ			<u>L</u>					
5 Total Total number of individuals (including thes organization ► 1,039	e in 1a) v	vho r	ece	ivec	i m	ore t	▶ han	1,045,576. \$100,000 in re	3,989,86	2. 1,695,43 ensation from the
Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	lule I for su	ch ind	ivid	ual	* *	* ****	arbje.	कार्क्सका के के का से सार्क	इ.स.च्या इ.स.च्या स्टब्स	3
For any individual listed on line 1a, is the the organization and related organizations individual.	greater th	ian \$	150	,00	07	If "Y	es, '	complete Sched	lule J for such	j.
Did any person listed on line 1a receiv services rendered to the organization? If "Yes,"	e or accr	ue c	omir	ens	satio	n fro	m	any unrelated of	rganization for	
ection B. Independent Contractors				.,						
Complete this table for your five highest compensation from the organization.	compensa	ted in	dep	end	deni	con	trac	tors that receive	d more than s	\$100,000 of
(A) Name and business add	lréss:						T	(B) Description of se	rvices	(C)
EE STATEMENT 1		E ·					T	e and third for se		Compensation
							1			
		- m	<u> </u>				1			
Total number of independent contractors (compensation from the organization		hose	in	1) 1	vho	rece	ive	d more than \$10	0,000 in	
	259	·						Amman and the second second		Form 990 (2

Page 9

П	VIII	Statement of Reven	ие			94-1196176		1 1 1
				The state of the s	(A) To(al revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from te under sections 512, 513, or 51
and other similar amounts	1a b c d	Federated campaigns Membership dues	1b 1c 1d	10, 265, 165.				- ***:
other si	ŧ	All other contributions, gifts, gran and similar amounts not included	ls. I above 1 1 f		·	<i>;</i>	-1 -1 -	
- 4	g <u>h</u>	Noncash contributions included Total. Add lines 1a-1f	The second of th	1	10, 265, 165.	2		
	2a	PATIENT SERVICE REVENUE	Λ	Business Code 900099	984,790,970.	984,790,970.		
	b	ALTA CT SERVICES		900099	996,137.	996, 137,		
9	C	MAGNETIC IMAGING AFFILIAT	ES (MIA)	900099	1,861,093.	1,861,093.		
	d	MIA GUARANTEED PAYMENTS		900099	165, 596.	165, 596.		<u></u>
	е	EYEMD LASER CENTER, LP		900099	31, 163.	31,163.	S. O. S. Santa	
	f	All other program service rev	enue	900099	4,159,116.	4,159,116.		
	g	Total, Add lines 2a-2f		▶	992, 004, 075.		,	
	3	Investment income (including other similar amounts)		* *** * ***	2, 383, 329.			2.383.32
-	4				NONE			2,303,3
		Income from investment of i			NONE			Commission April annual
	:5:	rxoyames *** ***	(i) Real	(ii) Personal	BOND	, etteritiere transferiere de l'englisse	The second secon	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
	6 a	Gross Rents	8,035,928.			*. . 38	:	
			5, 539, 495.		;	jā ,		Å
	b	Less: rental expenses			1		:	
	C	Rental income or (loss)	2, 496, 433.	<u> </u>	محود محمد شد	;		قا يخون د
-	ď	Net rental income or (loss).	(i) Securities	(ii) Other	2, 496, 433.		Line Control	2,496,43
	7 a	Gross amount from sales of	10 occariaca		•			1
	(b)	assets other than inventory. Less: cost or other basis		504,357.	. *			
		and sales expenses	.; .:::::::::::::::::::::::::::::::::::	309,705.	a a			
1	c	Gain or (loss)		194,652.	.1			
-	ď	Net gain or (loss)	 ઉપાલક સામા લાફ કાલ્યા છે. આ લાક સમા લાફ કાલ્યા છે.	>	194, 652.			194,69
	₿a	Gross income from I	undralsing		Andreas and the second		:	1
		events (not including \$ of contributions reported on			2	;		
1		See Part IV, line 18,				: :	w.i.v.	
						: -		
	9 a		activities.		NONE			
	ь	and the second s			4			
			ory, less		NOHE			
	b	returns and allowances Less: cost of goods sold		1		:		
-	С	Net income or (loss) from sa Miscellaneous Rever	les of inventory.	1110-1111 111 111 1	NONE	<u></u>		
	11a	UBI - LABORATORY	Tarren	521500	397, 475.		397, 475.	
	p iia	UBL - STEM CELL SVCS	- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 	541900	173, 290.	<u> </u>	173, 290.	12:
		UBI - VOLUNTEERS IN UNIFO	NØM*	900099	149, 644.		¥	
-	C					e not cre	149,644.	
-	d	All other revenue		541610	4, 244, 552.	4, 094, 665.	149,887.	-
ı	æ	Total. Add lines 11a-11d .	the state of the s		4, 964, 961.			
1	12	Total Revenue, Add lines 11		74 04	1	1	·I	1.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

zations must complete column (A) but are not required to complete columns (B). (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Prógram service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	,			
	organizations in the U.S. See Part IV, line 21	824,423.	824, 423.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	NONE	NONE		
3	Grants and other assistance to governments.				A STATE OF THE STA
	organizations, and individuals outside the		I ·		
	U.S. See Part IV, lines 15 and 16	NONE	NONE		
	Benefits paid to or for members	NONE	NONE		
	Compensation of current officers, directors,		1		
	trustees, and key employees	3, 274, 866.	NONE	3,274,866.	NON
	Compensation not included above, to disqualified		-		
	persons (as defined under section 4958(f)(1)) and			· **	i
	persons described in section 4958(c)(3)(B)	NONE	NONE	NONE	NON
	Other salaries and wages	297, 469, 224.	294,875,241.	2, 613, 983	NON
	Pension plan contributions (include section 401	23,7,103,72232	2221731372311	2,013,703,	14014
	(k) and section 403(b) employer contributions).	NONE	NONE	NONE	NON
q	Other employee benefits	162,424,135.	160,569,678.	1,854,457.	NON
0	Payroll taxes	15, 033, 243.	14,959,394.	73,849.	Constitution Configuration Constitution Configuration
	Fees for services (non-employees):	137:0337:243:	14, 535, 354.	73,649.	NON
		31,716,598.	31,120,004	596.594.	in min
	Management	3,471,858.	1,574,971.		NON
	Legal is a restrict restrict and a second of a		33, 197.	1,896,887	NON
	Accounting a contract was a second	58,321.		25,124.	NON
	Lobbying	NONE	NONE	NONE	NON
	Professional fundraising services, See Part IV, line 17	NONE			NON
	Investment management fees:	204,927.	NONE	204,927.	NON
	Other	37,697,622,	37,086,160.	611,462.	NON
	Advertising and promotion	1,044,178.	5,531.	1,038,647.	МОИ
	Office expenses	118,121,399.	116,771,091.	1,350,308.	NON
	Information technology	5,768,945.	NONE	5,768,945.	NON
	Royallies	NONE	NONE	NONE	NON
	Occupancy	4,349,755.	4,334,167.	15,588.	NON
	Travel	546,049	508,140	37,909.	NON
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE	NONE	NONE	NON
	Conferences, conventions, and meetings	187,909.	175,360.	12,549.	NON
20	Interest	9,676,905.	9,676,905.	NONE	NON
	Payments to affiliates	719,993.	326,543.	393,450.	NON
	Depreciation, depletion, and amortization	34,938,254.	34,925,081.	13,173.	NON
23	Insurance	8,340,005.	7,355,773.	984,232.	NON:
24	Other expenses, Itemize expenses not	1 A			
	covered above. (Expenses grouped together		· .	i di	
	and labeled miscellaneous may not exceed	:		:	
	5% of total expenses shown on line 25 below.)				
а	PURCHASED_SERVICES	124,475,325.	119,703,847.	4,771,478.	NON
	BAD DEBT EXPENSE	25,853,063.	25,853,063.	NONE	NON
	SYSTEM ALLOCATION FEES	14,339,462.	NONE	14, 339, 462.	NON
	UTILITIES	10,658,870.	10,584,952.	73,918.	NON
	REPAIRS & MAINTENANCE	7,062,088.	7,062,088.	NONE	NON
	All other expenses	7,138,372.	1,186,252.	5,952,120.	NON
	Total functional expenses, Add lines 1 through 24f	925, 415, 789.	879,511,861.	45,903,928.	иои
26	Joint Costs, Check here ▶ If following	;			
	SOP 98-2. Complete this line only if the organization	:			
	reported in column (B) joint costs from a		k .		
	combined educational campaign and fundraising		i i	I	

Pal	ŧΧ	Balance Sheet			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1.	The same of the sa
	2	Savings and temporary cash investments	33,891,681.	2	1,821,869.
- 1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	136,364,902.	4	151,842,719:
	- 5	Receivables from current and former officers, directors, trustees, key			* * * * * * * * * * * * * * * * * * *
		employees, or other related parties. Complete Part II of Schedule L	s ,	5	
	6	Receivables from other disqualified persons (as defined under section	·,		•
	į	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II	:		
		of Schedule 🖺 🗻 प्रकार के कुन कर्म कुन कुन के के कि कि कि कि के के कि कि का कि		6	:
Ü	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sales or use	9,670,367.	8	11, 150, 531.
₹	9	Prepaid expenses and deferred charges	1,842,272.	9	2,105,144.
1		Land, buildings, and equipment cost basis 10a 875, 863, 044.	,		
	b	Less: accumulated depreciation. Complete			
	. 5.4	Part VI of Schedule D		10c	272,923,399.
31	11	Investments - publicly traded securities	27,058,441.	11.	7, 423, 763.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related, See Part IV, line 11	19,756,827.	13	22,454,629.
-	14	Intangible assets	In	14	
	15	Other assets. See Part IV, line 11	42,919,018.	15	42,076,395.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	540,946,324.	16	511,798,449.
	17	Accounts payable and accrued expenses.	78,392,809.	17 18	104,430,622.
	18	Grants.payable	· · · · · · · · · · · · · · · · · · ·	19	
	19	Deferred revenue	187,723,990.	20	300 000 000
	20	Tax-exempt bond liabilities Escrow account liability. Complete Part IV of Schedule D	187,723,990.	21	182,686,066.
ies	21 22	Payables to current and former officers, directors, trustees, key employees,	The second secon		
Liabilities	ZZ	highest compensated employees, and disqualified persons. Complete Part II			
Ľ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties STMT- 2	131,545.	23	51,830.
	24	Unsecured notes and loans payable.		24	32,333,
	1 .	Other liabilities. Complete Part X of Schedule D	30,547,213.	25	23,861,761.
	26	The form of the first of the self-of the s	296, 795, 557.	26	311,030,279.
S		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
und Balances	27	Unrestricted net assets	241, 235, 456.	27	198, 497, 863.
aaj	28	Temporarily restricted net assets	159,325.	28	-485,679.
<u> </u>	29	Permanently restricted net assets	2,755,986.	29	2,755,986.
ш		Organizations that do not follow SFAS 117, check here ➤ and complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances	244,150,767.	33	200,768,170.
V 100 1119	34	Total liabilities and net assets/fund balances.	540,946,324.	34	511,798,449.
Œ	πX	Financial Statements and Reporting			
4.					Yes No
1		ounting method used to prepare the Form 990: Cash Accrual Oth	· "		
2a.		e the organization's financial statements compiled or reviewed by an indépendent accour e the organization's financial statements audited by an independent accountant?			
b		e the organization's financial statements audited by an independent accountant? es" to lines 2a or 2b, does the organization have a committee that assumes responsibility		7 7 7	2b X
C		es" to lines 2a of 2b, does the organization have a committee that assumes responsibility t, review, or compilation of its financial statements and selection of an independent acco			
3=		t, review, or compliation of its invancial statements and selection of an independent account result of a federal award, was the organization required to undergo an audit or audits as		<i>57.</i> *	- · · 2c
Ψa		Single Audit Act and OMB Circular A-133?			3a
b		es," did the organization undergo the required audit or audits?		of the things of the same of t	3b
		and the same and the same time and the same to the same time time to the same time time time time time time time ti	15.35 50 5.35 5 5.5.5 5 5.5 5. 	•	Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization						Employe	r identifica	tion number
SUTTER EAST BAY HOSPITALS			<u> </u>		<u> </u>		94-11	96176
Part I Reason for Public Charity						e instruc	ctions)	
The organization is not a private foundat								
A church, convention of church	ies, or association	of churches	s described	in section	n 170(b)(1)(A)(i).		
2 A school described in section				A				
3 A hospital or a cooperative ho	spital service órgan	ization desc	cribed in se	ction 170	(b)(1)(A)	(III). (Atta	ch Sched	ule H.)
4 A medical research organizat	ion operated in co	njunction v	with a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the
hospital's name, city, and state 5. An organization operated for	the hanefit of a col	lege or un	ivarelli, ou	704 or 6	Arabal I			Tier settemen
section 170(b)(1)(A)(iv). (Com		ireñe oi ali	incipità om	men or of	perateu i	y a gove	mmentat	unit describéd in
6 A federal, state, or local gover		ental unit de	secribad in e	action 1	70/61/41/	AMAN		·
7 An organization that normally							or from t	he nanaral nublic
described in section 170(b)(1)	(Al/vi) /Complete F	art II)	.بحظامته من	nem 4 5	io remini	stired pitti	OF ROLLS	ne general public
8 A community trust described in			molete Par	FILS				
9 An organization that normally					n contrib	utions v	iomharch	in feet and groce
receipts from activities related	l to its exempt fun	ctions - su	biect to ce	rtain exc	entions	and /2\ r	io more f	han 331196 of its
support from gross investme	nt income and un	related bu	siness taxa	ble incor	ne (less	section	511 fav)	from husinesses
acquired by the organization at	ter June 30, 1975,	See sectio	n 509(a)(2). (Compl	ete Part I	ILX	The stands	
10 An organization organized and	operated exclusive	ly to test fo	or public saf	ety. See s	ection 5	09(a)(4).	(see instr	uctions):
11 An organization organized an	d operated exclus	ively for th	e benefit	of to pe	rform th	e functio	ns of or	to carry out the
purposes of one or more pub	licly supported org	anizations d	described i	n section	509(a)(l) or sec	lion 509(a	i)(2). See section
509(a)(3). Check the box that of	describes the type o	f supportin	ıg organiza	tion and c	omplete	lines 11e	through	11h.
a Type! b	Type II o		e III - Fund					pe III - Other
e By checking this box, I certif	y that the organiz	ation is no	at controlle	d directl	y or ind	irectly by	one or	more disqualified
persons other than foundation	managers and oth	er than on	e or more	publicly s	upported	l organiza	ations de	scribed in section
509(a)(1) or section 509(a)(2).		a a de or .		a. dita.				
f If the organization received a						Type II o	r Type III	supporting
organization, check this box		# <u> </u>			(a.e.t.k.		وبإناء فإلحا	البال وورون
g Since August 17, 2006, has the following persons?	e organization acce	pted any g	ift or contri	bution fro	m any o	the		
(i) A person who directly or	in affirmation was about in		La se de se discon	-11	ing Selection of the world	n. w	in the state of th	10.01.00
and (iii) below, the govern	indirectly controls	roted orga	nization?	eruer witt	n person	s describ	sea in (ii)	Yes No
(ii) A family member of a per			ituxanoitt	8. 30 m., 40 Ac.	koja Williams	* * * * * * * * * * * * * * * * * * *	4 4 4 4 4 4 4	11g(i)
(iii) A 35% controlled entity of			ahovo2	et del acidado en 19		دود خاولد څ	والإراج إحاره اخ	119(fi)
h Provide the following information				e e e e e On cunno	nde beverbir Hes	marage (Arthur	हालक कर्न्	[119(iii)]
	Type of organization			(v) Did ye		tota (s the	(vii) Amount of
organization (d	escribed on lines 1-9	in col. (i) lis	sted in your	the organ	ization in	organizat	ion in col.	support
	ibove or IRC section (see instructions))	governing	aocument?	col. (i)			zed in the	
		Yes	No	Yes	No	Yes	No	
	1		The Committee of the Co		1			
					. A GARAGE			
	ĺ			Sin.		•		
						S		
		<u> </u>				·		
					:			
					·			
Total	<u>:</u> 1		~					
						.v:		the second second

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 390.

Schedule A (Form 990 or 990-EZ) 2008

Ear	Support Schedule for Org (Complete only if you ched	ganizations D cked the box o	escribed in S n line 5, 7, or	Sections 170(b 8 of Part I.))(1)(A)(iv) and	170(b)(1)(A)(v	i):
Sec	tion A. Public Support			in the second second			· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Ą	Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					-	
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included		***				A CONTRACTOR OF THE CONTRACTOR
	on line 1 that exceeds 2% of the amount		74			ab ab	
	shown on line 11, column (f)						
_6	Public support. Subtract line 5 from line 4.						
-	tion B. Total Support	1	1	1. 221	1 20-12-1		r
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar			II.			1
ð	sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			i ka			
10	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			. : *			· ·
11	Total support Add lines 7 through 10			1 10 19	() () () () () () () () () ()	**	
12	Gross receipts from related activities, etc. (See instructions.)	ாத் ஆக்குக்கு கலைக்குக்	ருத்தில் செய்யத்தைக்கால் நாகும்	Kapajaja je je je je je je	12	
13	First five years, If the Form 990 is for the	organization's fir	st, second, third, I	ourth, or fifth tax y	ear as a 501(c)(3)		· · · · · · · · · · · · · · · · · · ·
=	organization, check this box and stop here	<u> </u>	ويونونون		issan kabula perak perak da	وراهر والمعاودة أوالوا	· · · · Þ
Sec	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	-,-***
14	Public support percentage for 2008 (I						%
	Public support percentage from 2007						%
16a	33 1/3% support test - 2008. If the c						
	and stop here. The organization quali	fies as a public	y supported or	anization	(* * * * * * * * * * * * * * * * * * *	*****	لا ﴿ وَ مِنْ مِنْ
b	33 1/3% support test - 2007. If the c						
ند پ	box and stop here. The organization of						
1/a	10%-facts-and-circumstances test -						
	is 10% or more, and if the organization in Part IV how the organization meets organization	the "facts and	circumstances'	test. The organ	nization qualifies	as a publicly sup	ported
h	10%-facts-and-circumstances test						
Ų	15 is 10% or more, and if the organiz						i in le.
	Explain in Part IV how the organization						dielo
	supported organization						
18	Private foundation if the organization						
	instructions are an actual are and						

Schedule A (Form 990 or 990-EZ) 2008 94-1196176 Page 3 Randll Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2006 (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions. membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's lax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 5.13 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b. Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from Interest, dividends, payments received on securities loans. rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Section 1 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12) 👢 👍 के के के के किस के किस के के के के किस 14. First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

JSA 8E1221 1.000

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Schedule D (Form 990) 2008

Employer identification number

SUT	TER EAST BAY HOSPITALS	<u> </u>		94-1196176
Pai	Organizations Maintaining Donor Adv	rised Funds or Other Sim	ilar Funds or	Accounts, Complete if
	the organization answered "Yes" to For	m 990, Part IV, line 6.		
	Supports The Control of the Control	(a) Donor advised fu	nds	(b) Funds and other accounts:
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate commoditions to (during year)			
				- Control Control
4	Aggregate value at end of year	6.5		
5	Did the organization inform all donors and donor a			
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a			
	used only for charitable purposes and not for the t			
	impermissible private benefit?	<u> </u>	<mark>i lava di dinama di d</mark>	Yés Nô
H				orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	organization (check all that a	ipply).	
	Preservation of land for public use (e.g., recre	eation or pleasure)	Preservation of	an historically importantly land area
	Protection of natural habitat		17 W) 1 N 11 N	certified historic structure
	Preservation of open space	* ***	rown . Way i	A Transaction of the America
2	Complete lines 2a-2d if the organization held a qu	alified conservation contribu	tion in the form	of a conservation easement
:	on the last day of the tax year.	प्रकार पास कर के पर विश्व के जान कर के कि कि की कि कि की कि	rainina ažiin	ratian aa va ee taanam ee aa aa waa aa waa aa waa aa waa aa waa aa
	And the second section of the second	÷	Ī	Held at the End of the Year
. = .	Total number of conservation easements			2a
b	Total acreage restricted by conservation easement	చే మీకే ఉన్నాయి. మీకి చిన్నాయి. దీస్తున్నాయి. ఈ గ్రామం		2b
	Number of conservation easements on a certified	Po filo di filo polo bila di fila di Gili. Gili di	ran en	2c
				2d
ď	Number of conservation easements included in (c			
3	Number of conservation easements modified, tran	isterred, released, extinguis	ned, or termina	ited by the organization during
	the taxable year		2	
4	Number of states where property subject to conse			
5	Does the organization have a written policy regard			
. v.	enforcement of the conservation easements it hold			
6	Staff or volunteer hours devoted to monitoring, ins	pecting, and enforcing ease	ments during th	ne year 🕨
7	Amount of expenses incurred in monitoring, inspec			
8	Does each conservation easement reported on lin			
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	* * * * * * * * * * * * * * * * * * *	ရည်း ဆေးမ မှ မိန်နှင့် ရည်း	Yes Lino
9	In Part XIV, describe how the organization reports	conservation easements in	its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of	of the footnote to the organi	zation's financi	al statements that describes
en e	the organization's accounting for conservation eas	ements.		
	Organizations Maintaining Collections	s of Art, Historical Treasi	ires, or Other	Similar Assets.
	Complete if the organization answered	I "Yes" to Form 990, Part	IV, line 8.	and the second of the second o
1 a	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets he provide, in Part XIV; the text of the footnote to its	AS 116, not to report in its r	evenue statem	ent and balance sheet works of
	art, historical treasures, or other similar assets he	ld for public exhibition, educ	ation, or resea	rch in furtherance of public service.
į.	provide, in Part AIV; the text of the foothole to its	imanciai statements that des	crides these ite	ms.
þ	If the organization elected, as permitted under SF.	AS 116, to report in its reve	nue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for provide the following amounts relating to these ite	n public exhibition, education	n, or research i	in trituetance of briplic service.
			e a la arte	in the state of
	(i) Revenues included in Form 990, Part VIII, line:			
	(ii) Assets included in Form 990, Part X	နော် ကြော်ကြာကြီး ကျောက်ကြာတွင်း သို့ချော်ချို့ချော်ကြာတွင်း ကြောင်းချော်ချာတွင်း လေးနှင့် ကြောင်းကြွေသည်။ လေသိမှ		*****
2	If the organization received or held works of art, h			or financial gain, provide the
	following amounts required to be reported under S			3. 4
a	Revenues included in Form 990, Part VIII, line 1 .			
b	Assets included in Form 990, Part X			
For	Privacy Act and Paperwork Reduction Act Notice, see the Instru	ctions for Form 990.		Schedule D (Form 990) 200

Part VI Investments - Land, Buildings,	and Equipment. See	Form 990, Part X	(, line 10.	
Description of Investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land, e.		29,110,500.		29,110,500.
b Buildings		544, 465, 743.	404, 303, 659.	140, 162, 084.
c Leasehold improvements		3, 286, 219.	1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	456, 472.
d Equipment		260,968,011.	191,558,915.	69,409,096.
e Other ** ** ** ** * * * * * * * * * * * * *		38,032,571.	4,247,324.	33, 785, 247.
Total, Add lines 1a-1e, (Column (d) should equal	Form 990, Part X. coll	ımn (B), line 10(c).)		272.923.399

Schedule D (Form 990) 2008

		ee Form 990, Part X, line 1:	###	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financial de	rivatives and other financial products		-	
	equity interests			
Olher	أحمدت بتراثي بها شريخ نشاطر كالشابدين والمحافظ كالباب كالكرافي بالباب	<u> </u>		٠,
	۔ جب شد نظر پانچ بانچ بانچ بانچ بانچ بانچ بانچ بانچ ب			
ب ک شانک انت برانی ب	المدينة المسائد	<u> </u>	want in the state of the state	
	علا المستخدي المستمنية	<u> </u>	and the second s	
	والمعاولات تعالجه القاسمة كالعارض فالقائدي المدارس كالمدارس كالمارس والمارس والمارس والمارس والمارس			
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	ندانش شده بدار بنده بین شده میکونشوست شده سد بیند شده باید میاه بینا بیند بینار مید بینار مید بیند بینا بینا بینا بینا بینا بینا بینا			
	بتريين بتكافيدهم وودمية فسنعت مستهيئه بيسريسي وبيأ بإبيان ويأد ويثا ميدسيد سياسي بسريات سديدر	- -		
	Sandan ang ang ang magna ang ang ang ang ang mas bagan ang ang ang ang ang ang ang ang ang		- Communication - Communicatio	
Total (Column	n (b) should equal Form 990, Par(X, col. (B) line 12.)			
Part VIII	Investments - Program Related, S		3.	a ar ar cent i
INCIL PAYALLE	(a) Description of investment type	(b) Book value	(c) Method of valuation:	· · · · · · · · · · · · · · · · · · ·
	(a) Description of Investment type	(b) poor value	Cost or end-of-year market value	
	to the agreement of the second			

			# All Andrews Annual Control of the	
			· · · · · · · · · · · · · · · · · · ·	

	n (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Par	t X, line 15.		
		(a) Description	(b) Book y	alue
17 X 17 X 4/			66	5, 298
UNAMORT	IZED FINANCING COSTS	And the second s		0,20
INTERCO	MPANY RECEIVABLES			
INTERCOI OTHER RI	MPANY RECEIVABLES ECEIVABLES		6,53	6,805
INTERCOI OTHER RI GOODWILI	MPANY RECEIVABLES ECEIVABLES L		6,53 3,12	6,805 6,310 6,128
INTERCOI OTHER RI GOODWILI	MPANY RECEIVABLES ECEIVABLES L		6,53 3,12	6,805 6,310 6,128
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INTERCOI OTHER RI GOODWILI	MPANY RECEIVABLES ECEIVABLES L		6,53 3,12 3,24	6,805 6,310 6,128
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INTERCOI OTHER RI GOODWILL OTHER AS	MPANY RECEIVABLES ECEIVABLES L SSETS		6,53 3,12 3,24 28,50	6,805 6,310 6,128 1,854
I NTERCOI OTHER RI GOODWI LI OTHER AS	MPANY RECEIVABLES ECEIVABLES L SSETS n (b) should equal Form 990, Part X, col. (B) line 15.)		6,53 3,12 3,24 28,50	6,805 6,310 6,128 1,854
I NTERCOI OTHER RI GOODWI LI OTHER AS	MPANY RECEIVABLES ECEIVABLES L SSETS n (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, F	Part X, line 25.	6,53 3,12 3,24 28,50	6,805 6,310 6,128 1,854
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	le D (Form 990) 2008	94-1196176	Page 4
Part		sets from Form 990 to Financial Statements	
1	Total revenue (Form 990, Part VIII, column (A),		
2	Total expenses (Form 990, Part IX, column (A),	line 25)	
3	Excess or (deficit) for the year. Subtract line 2 f	rom line 1	~ · · · · · · · · · · · · · · · · · · ·
4	Net unrealized pains (losses) on investments	# # + + + + + + + + + + + + + + + + + +	
5	Donated services and use of facilities	રે કે તું કુશ્કે છે કે કરા કહ્યું કે તે કો છું કે તે કહે છે કે ત્યું કો આંગલી છે.આ છું છે કે કે કે કિંદ્ર કહ્યું કે માં કે ત્યું કે તું કા આ કે કે તો કહ્યું કે આ છે તું કુ કા તાહું કે કુ કા આ બહે તો જીવ કુ કહ્યું કે -	
6	Investment expenses	* # * * * * # * * * * * * * * * * * * *	
7	Principariod adjustments		
8	Other/Deciries in Def VIV		
	Other (Describe in Part XIV)	8	
9	Total adjustments (net), Add lines 4-8		
10		tements. Combine lines 3 and 9	
Pari		ited Financial Statements With Revenue per Retur	rn
1		dited financial statements	1 1
2	Amounts included on line 1 but not on Form 99	0, Part VIII, line 12:	1
а	Net unrealized gains on investments		
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	. V	
d-	Other (Describe in Part XIV)	2d	
е	Add lines 2a through 2d	ren in de la districtión de la companya de la comp La companya de la co	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 1		
а	Investment expenses not included on Form 990		•
		46	† .
C		ு நாகு இந்த நாகுகு இந்த இது இருக்கு இது இது இது இது இது இது இது இது இது இத	4c
5	Total revenue Add lines 3 and 4c (This should	equal Form 990, Part I, line 12.)	5
	Reconciliation of Evnences per Aug	lited Financial Statements With Expenses per Ret	1 3 1
1	Total expenses and losses per audited financial		turn
2	Amounts included on line 1 but not on Form 99		
· Æ			
	Donated services and use of facilities	2a	
IJ,	Prior year adjustments	26	4. 1
	cosses reported of Forth 930, Part X, life 23	 	
đ	Other (Describe in Part XIV)	2 × 3 × 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4	
8 4	Add lines 2a through 2d	து நட்டு நட்டு நட்டு நட்டு இது இது இது நடையாகிலியாரும் நடியு நடிய நடிய	2e
3	Subtract line 2e from line 1	الرازين والمراز	3
4	Amounts included on Form 990, Part IX, line 25	5, but not on line 1:	
а	Investment expenses not included on Form 990), Part VIII, line 7b	,
þ	Other (Describe in Part XIV)	4b	
C	Add lines As and Ah	· · · · · · · · · · · · · · · · · · ·	4c
5	Total expenses. Add lines 3 and 4c. (This should	i equal Form 990, Part I, line 18.)	5
Part	XIV Supplemental Information		
Comp	lete this part to provide the descriptions required	l for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV lines 1b
and 2	o; Part V, line 4; Part X; Part XI, line 8; Part XII, II	nes 2d and 4b; and Part XIII, lines 2d and 4b.	and the second second
	PAGE 5		
		ے نے بین نے مدید میں میں میں میں ہوئے باہد ہما ہے ہے جب میں انسان کے معاہد اساز ہم انسان کے انسان میں کے طاق دور	- jiy - i i i i
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Schedule D (Fo		94-1196176	Page 5
Part XIV	Supplemental Information (continued)		
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Schedule D (Form 990) 2008

SCHEDULE H

Department of the Treasury

Internal Revenue Service

(Form 990)

Hospitals

► To be completed by organizations that answer "Yes" to Form 990,

Part IV. line 20.

> Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Schedule H (Form 990) 2008

Employer identification number Name of the organization 94-1196176 SUTTER EAST BAY HOSPITALS Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Panel Yes No 1a Does the organization have a charity care policy? If "No," skip to question 5a 1b b. If "Yes," is it a written policy? If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. Applied uniformly to most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals 3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. a. Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," Indicate which of the following is the family income limit for eligibility for free care: 150% 200% U Other _ b Does the organization use FPG to determine eligibility for providing discounted care to fow income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: 3 b 250% 300% 350% 400% Other 200% c. If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care. Does the organization's policy provide free or discounted care to the "medically indigent"? 5a. Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . b If "Yes," did the organization's charity care expenses exceed the budgeted amount? c If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Does the organization prepare an annual community benefit report? கொக்கு நடிக்க காக நடுக்க சக்க சக்க சக்க b If "Yes;" does the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. Charity Care and Certain Other Community Benefits at Cost (d) Direct offsetting (e) Net community Charity Care and (a) Number of activities or (b) Persons served (c) Total community (f) Percent of total benefit expense benefit expense Means-Tested Government revenue (optional) expense Programs a : Charity care at cost (from Worksheets 1 and 2) - - - b Unrelmbursed Medicald (from Worksheet 3. column al . . . Unreimtursed costs - other means lested government programs (from Worksheet 3, column b) Total Charity Care and Means-Tesled Government Programs Other Benefits 2 Community health improvement services and community benefit operations (from Worksheet 4) Health professions education (from Worksheet 5) Subsidized health services (from Worksheet 5) Research (from Worksheet 7) . . Cash and in-kind contributions to community groups (from Worksheet 8) Total Other Benefits

Total (line 7d and 7j)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2008 94-1196176 Page 2 PartII Community Building Activities Complete this table if the organization conducted any community building activities. (Optional for 2008) (d) Direct offsetting (a) Number of (b) Persons (c) Total community in Percent of (e) Net community building expense total expense activities or served building expense revenue (optional) programs (optional) 1 Physical improvements and housing 2 Economic development 3. Community support 4 Environmental improvements 5 Leadership development and training for community members 6 Coalition building 7 Community health improvement advocacy 8 Workforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008) Section A. Bad Debt Expense Yes No 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 157 1 2 Enter the amount of the organization's bad debt expense (at cost) 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit. Section B. Medicare 5 Enter total revenue received from Medicare (including DSH and IME) 6 Enter Medicare allowable costs of care relating to payments on line 5 7 Enter line 5 less line 6 - surplus or (shortfall) 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used: Cost accounting system Cost to charge ratio Section C. Collection Practices a Does the organization have a written debt collection policy? ﴿ مَا يُعْمَلُونُ مَا يُعْمَلُونُ مُ b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed Part IV Management Companies and Joint Ventures (Optional for 2008) (b) Description of primary (c) Organization's (d) Officers, directors (e) Physiclans (a) Name of entity profit % or stock trustees, or key employees' profit % activity of entity profit % or stock ownership % ownership % or stock ownership % 8 9 10 11 12 13

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Part V Facility Information (Required for 2008)				. 1					and militing and the second se
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ABSMC - SUMMIT CAMPUS					71:		Lui II III	A	
350 HAWTHORNE AVENUE OAKLAND CA 94069									w
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Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 8; Part III, line 8b, and Part V, See Instructions.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves.
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify	all states with which the	organization, or a	related organization,	files a community benefi	t report,
- معی کردیم میں بین بست مسا مسار بسی نیسر نیسر م ساور بین بسیت	ئىچە مائرىغايەت يېزىسىگە جىمچە مەئەرىيەتىپەت ئارىخىيەت يېزىمانىڭ چىمچە مەئەرىيەتلىقى	سى سىرىمىيى ئىشىنىسى ئىسى شىدىشى بىرى بىرى ئىش	برسهٔ وسانهر رسخ سور موسانه <mark>باشن سواسیاست</mark>		
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			ر ومين بيدر پيداز پند ايند ايسي مسترف و کردا مده افت است کيار کردی و مين بيدر پيداز پند ايسي مسترف و کردا مده افت است کيار کردی	ندر حد است مستخفر است فللد خد العدار الباد بعد مجاز إست جدالته	بمركب معرجة للمحاجز يستان والمساود المساود
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entrational contract and security	عارض للوالية ومع ومعالجة عمراً مع المراوم وليوارث وليوارث المراومة المراومة	سناسم معاسدة شارات المارية والمارية والمارية والمارية	يت شرمت قد من مع مدمية مداه والم	ب بأنك علا منا جديد بدرت التناسة عنامة مساعد الكرامة	<u> </u>

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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

20**08**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

Attach to Form 990.

Name of the organization						Employer identificat	ion ununet
SUTTER EAST BAY HOSPITALS					**	94-1196176	
Part I General Information on Grants	and Assista	псе	,,				
 Does the organization maintain records the selection criteria used to award the Describe in Part IV the organization's principle. 	grants or assist	ance?	্ৰিল কলিক কে কল্পকলি কলে কুলি কলি ক	San as as a distribution at a second of			X Yes No
Part II Grants and Other Assistance Form 990, Part IV, line 21, for Use Part IV and Schedule I-1 (F	any recipier	it that receive	ed more than \$5,00	Check this box i	olete if the organiz f no one recipient i	received more than	1 \$5,000.
্ব (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ITFELONG MEDICAL CARE PO BOX 11247 BERKELEY, CA 94712	94-2502308	501(C)(3)	i62, 500.				SENERAL DONATION
PHYSICIAN MEDICAL FOUNDATION 2201 BROADWAY OAKLAND, CA 94612	30-0086728	501(C)(3)	250,000				GENERAL DONATION
ALAMEDA HEALTH CONSORTIUM	4.			†			
1320 HARBOR BAY PKWY ALAMEDA, CA 94502	51-089590	501(0) (3)	500,008			<u> </u>	GENERAL DONATION
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2 Enter total number of section 501(c)(3)	and dovernme	ant organization	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
3 Enter total number of other organization	and governm	ent niñaliratini	🎮 வித்கில் கிகித்தில் கிக்கி திரையாக இல்லை விதுக்கில் கொடி	東海 東 第2回角 東 400 美 36 (美) よ ま 300 ま 3 ま 4 ま 4 ま 4 1	**************************************	ger afrika saga jan meran ang meranden je Jan ang ang ang ang ang ang ang ang	NONE

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other).	(f) Description of non-cash assistance
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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

оме No. 1545-0047 2008

Open to Public Inspection

Name of the organization
SUTTER EAST BAY HOSPITALS

Employer identification number

94-1196176

H	Questions Regarding Compensation				
		146		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in F	orm		-	
5	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these item				
	First-class or charter travel Housing allowance or residence for personal us	ė			
	X Travel for companions Payments for business use of personal residence	e >			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			:	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)				
ĸ	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			:	
***	provision of all of the expenses described above? If "No," complete Part III to explain		16	X	!
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	The state of			
**	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		2	X	ļ
	Actions whereign of marriage time and simple market market man some marriage significant s	4.8.8	-		:
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			ľ	Ė
.45	organization's CEO/Executive Director. Check all that apply.		.!		
	X Compensation committee Written employment contract				
	x Independent compensation consultant x Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation commi	ttee			
, Å	During the year, did any person listed in Form 990, Part VII, Section A, line 1a.				Į.
ा# च्य	Receive a severance payment or change of control payment?		4a		×
- F	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4 b	x	
- 4	Participate in, or receive payment from, an equity-based compensation arrangement?		4 c	***	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	Sometime and the second			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		·		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
·**·	compensation contingent on the revenues of:			:	
a	The organization?		5a	1	X
b	Any related organization?	-#####. 21 2 2	5b		x
	If "Yes" to line 5a or 5b, describe in Part III.	ranin meranje		1	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			ľ	
	compensation contingent on the net earnings of			1	
a		anna e a Marie	бa		X
b	Any related organization?	inerarii. Nerikies	6b		Х
	If Yes 10 line da or ob, describe in Part III.	. : 5 -#-"			1
7,	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed.				:
	payments not described in lines 5 and 67 if "Yes," describe in Part III.	പങ്ങ് വഴ	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	•			
:	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe		٠.		1
	. iii Partiii gaaraa saa waa waa waa ayaa waa ayaa ayaa ay	والتوالية والأوافق	8	1	1 X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

The second secon		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation	ben ents	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
The first services the first services and the first services and the first services are services are services are services and the first services are services ar	(1)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
VIKI L ARDITO	(ii)	277,933.	36,300.	503.	81,960.	18,635.	415,331.	16,012.	
	(0)	221,635.	NONE	NONE	9,442.	19,068.	250,145.	NONE	
JOAN BECHTEL	(11)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(0)	NONE	NONE	NONE	NONE	NONE	NONE	NOÑE	
MARK W BEITING	(ii)	277,280.	36,700.	7, 365.	81,560.	18,541.	421,446.	12,529.	
***	(1)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
ED BERDICK	(ii)	708,910.	110,600.	15, 263.	478,077	19,939.	1,332,789.	NONE	
"	(0)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
TONI BRAYER MD	(ii)	380,450.	52,100.	1,203.	99,495.	18,697.	551,945.	£028 ر 20	
The first of the second of the	(1)	222,476.	NONE	NONE	9,477.	28,375.	260,328.	NONE	
GERI DECOLTO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(1)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
JOHN GENTILE	(0)	381,292.	50,400.	10,720.	109,695.	18,628.	570,735.	31,285.	
	(0)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
GLORIA B HARMON	(ii)	208,207.	26,900.	3, 226.	59,150.	13,380.	310,863.	7,126.	
	(1)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
WARREN KIRK	(ii)	573,047.	91,200.	10,039.	304,706.	21,929.	1,000,921.	49,665.	
· · · · · · · · · · · · · · · · · · ·	(1)	235,450.	NONE	NONE	9,805.	28, 394.	273,649.	NONE	
ZULFIKARALI LALANI	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
and the second of the second o	(1)	217,983.	NONE	NONE	9, 286.	29,401.	256,670.	NONÉ	
LENA LAMEL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(1)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
RÓBERT PETRINA	(ii)	395,594.	50,400.	819.	113,095.	13,664.	573, 572.	23,043.	
**************************************	(i) L	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
CATHERINE A ROSE	(ii) ¹	248,908.	33,300.	893.	74,060.	6,974.	364,135.	11,068.	
mana ang manakan sa	(i)								
	(ii)								
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	(i) L	1		ana jakasaan a ja				A di a characteristica de la constante	
	(11)								

Schedule J (Form 990) 2008 94-1196176 Page 3. Part | Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information. RELEVANT INFORMATION REGARDING COMPENSATION ITEMS PART I, QUESTION 1A ARE ELIGIBLE TO BRING A COMPANION ON ONE BUSINESS TRIP PER CALENDAR YEAR AND HAVE THE COST OF THE AIRFARE AND MEALS PAID FOR BY SUTTER HEALTH. THE COST IS ADDED TO EMPLOYEE'S WAGES. TAX INDEMNIFICATION: STANDARD POLICY FOR ALL SUTTER HEALTH EMPLOYEES IS THAT NON-CASH GIFTS AND AWARDS ARE GROSSED-UP FOR TAX PURPOSES. AMOUNT OF THE GROSS-UP IS ADDED TO THE EMPLOYEE'S WAGES. SUPPLEMENTAL COMPENSATION INFORMATION PART I, QUESTION 3 THE CEO OF THE ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH.

COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS

ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO

ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED.

COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN

Schedule J (Form 990) 2008

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY
OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S
OVERALL MISSION.
·
_NONOUALIFIED_RETIREMENT PLAN
PART I. QUESTION 48
THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE ADDITIONAL
DEFERRED COMPENSATION BENEFITS TO THE PARTICIPANTS, WHO ARE MEMBERS OF A
SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES, BY PROVIDING
FOR THE PAYMENT OF DEFERRED COMPENSATION AFTER THE COMPLETION OF THE
SPECIFIED NUMBER OF YEARS OF SERVICE.
ANNUALLY, SUTTER HEALTH MAKES A CONTRIBUTION TO EACH PARTICIPANT'S
ACCOUNT BASED ON 4% OF BASE PAY. THERE IS AN ADDITIONAL CONTRIBUTION FOR
EXECUTIVES WHOSE PENSION ELIGIBLE EARNINGS WERE GREATER THAN THE PENSION
PAY CAP IN THE PREVIOUS YEAR. THE CALCULATION IS AS FOLLOWS:
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* PENSION ELIGIBLE ÉARNINGS

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
*_LESS_PENSION_PAYCAP.AMOUNT
* TIMES A SPECIFIC % BASED ON YEARS OF SERVICE
THE PENSION RESTORATION PLAN IS DESIGNED TO HELP MAXIMIZE EACH
- Tro-1 profest the section of the s
PARTICIPANT'S RETIREMENT POTENTIAL BY PROVIDING A TARGETED BENEFIT THAT.
ALONG WITH EACH PARTICIPANT'S OTHER RETIREMENT INCOME, PROVIDES:
* 65% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65
With 22.5 Years of Service.
50% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65
WITH 15 YEARS OF SERVICE.
SINCE IT IS A TARGETED BENEFIT, ANNUAL CONTRIBUTION AMOUNTS VARY BASED ON
ASSUMPTIONS MADE TAKING INTO ACCOUNT EACH PARTICIPANTS' AGE, YEARS OF
SERVICE, AND OTHER RETIREMENT ACCOUNT BALANCES.
~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
NAME AND AMOUNT FOR 2008
ED BERDICK \$162,100
TONI BRAYER, MD \$21,900

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization SUTTER EAST BAY HOSPITALS Employer Identification number

94-1196176 Part Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees**

(A)	(B)	A.c.	en. Ganta) 	ia da lor	Library.	(D)	(⊑)	(F)
Name and Tille	Average hours per week	individual trustee	institutional trustee	d Officer	a Key employee	Highest compensated a employee	by) Former	Reportable compensation (roin the organization (W-2/1098-M(SC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ED BERDICK	- 1.									
SVP REGIONAL EXECUTIVE	40.	X	<u></u>					NONE	834,773.	498,016.
JEFFERY BLOCK				. :				l in		LV to-
TRUSTEE	1.	X	ļ	,				NONE	NONE	NONE
TONI_BRAYER_MD		1.			(
CMO-BAY AREA REGION	40.	X	_					NONE	433,753.	118,192.
MARY BROWN					* -	1 .	ŀ			
TRUSTEE	1.	X	ļ.,	ļ	ļ	<u> </u>	ļ	NONE	NONE	NONE
JAMES CUTHBERTS ON MD		1.					ľ			
MED SVC PROVIDER/TRUSTEE	1	X			ļ		-	10,000.	NONE	NONE
GARY_DEPOLO			1			ł				·
TRUSTEE	I.	<u> </u>	Ļ.			<u> </u>	1	NONE	NONE	NONE
MICHAEL DIGIACOMO DPN	į.								Share Sur	i austrititum
MED SVC PROVIDER/TRUSTEE	1.	X	-			-		16,000.	NONE	NON
CAROL N DONOFRIO DR PH			1:	ľ		1			22.20	
TRUSTEE	1.	X	-	-	-	1	-	NONE	NONE	NONI
THOMAS DRESE							1	*********	20.25.22	والمشائد
CHAIR / TRUSTEE	1.	X	1.	X	-		 	NONE	NONE	NONI
JANE GARCIA		1	1							
TRUSTEE	1.	X	1-	-	ļ. 	 	╂	NONE	NONE	NON
FREDRIC N HERSKOWITZ MD	:	1				1		370000	l can	448-14
MEDICAL DIRECTOR/TRUSTEE	1:	X	-	ļ	<u>.</u>		+	37,032.	NONE	NON
CORNELIUS HOPPER MD				١						: ::::::::::::::::::::::::::::::::::::
TREASURER / TRUSTEE	<u>Lá</u>	<u>X</u>	-	X	-	4 5 7 7 7 7	20.75	NONE	NONE	NON
BARRY HORN MD	, and	1	1	x	1			1		
SECRETARY / TRUSTEE	1.	X	1:-	X	-	-	-	NONE	NONE	NON
WARREN KIRK	40	ت ا		1.				of the Charles	654 006	442 242
CEO-SEBH	4.U _*	X	+-	X		-		NONE	674,286.	326,635.
LOUIS KOMARMY MD		1		1	:			3700 500	, non	l No.
TRUSTEE	J.	X_	┼	-	 	4		NONE	NONE	NON
ALAN_LIESHAY_MD	.4:	1.		1		1		1	l mair	1,34,
TRUSTEE	<u> </u>	X	1	1	3 *** * *		1	NONE	NONE	NON
PETER LOCKE	ä.	1		ۍ				Notif	None	, NOM
VICE CHAIR / TRUSTEE	1.	X	+	X	+		+	NONE	NONE	NON
JOEL MARCUS MD	1	X			1		:	DE 000	KINA	NA ANTONIO
MED SVC PROVIDER/TRUSTEE	<u> </u>	, A.	:	-	+	1	+	85,000.	NONE	NON
NORMAN MOSCOW MD TRUSTEE	1.	x	1.	1		1		NAME OF THE PARTY	NONE	NON
710		+^-	+	Ħ	+	1	1	NONE	NONE	INOIN.
DONALD G NELSON TRUSTEE	i. .	x						NONE	310.	NON
ARNOLD PERKINS	1.5	10	 	+	+	-	+	NONE	310.	INOIA
			1	-		1	1	NONE	NONE	NON
TRUSTEE	<u>1.</u>	<u> x </u>	L		30,000	<u> </u>		NONE	NONE	1

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

SUTTER EAST BAY HOSPITALS

Employer Identification number 94-1196176

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Name and Title	(A)	(B)	ľ		- (6	C)	mainte		(D)	(E)	(F)
PHILIP RICH MD TRUSTEE 1	Name and Title	Average hours	Posi	lion (that ap	ply)	1		Estimated
### PRILIP RICH MD TRUSTER 1. X NONE NONE NONE PONNED B. TOWNSEND MD TRUSTEE 1. X NONE NONE NONE PROBERT PETRINA CFO-SEBH 40. X NONE 446,813. 126,7 VIKI L ARDITO VP PATIENT CARE-ABSMC 40. X NONE 314,736. 100,5 MARK M BEITING REGION HUMAN RESOURCES EXEC 40. X NONE 321,345. 100,1 JOHN GENTILE. VP MEDICAL AFFAIRS-ABSMC 40. X NONE 442,412. 128,3 CATHERINE A ROSE ADMIN WOMEN/INFAINTS-ABSMC 40. X NONE 283,101. 81,0 JOAN BECUTEU NURSE, CERTIFIED STAFF II 40. X 221,635. NONE 28,5 GERI DECOITO NURSE, CERTIFIED STAFF IV 40. X 222,476. NONE 37,8 GLORIA B HARMON ABSMC ADMIN DIR REHAB & STROKE 40. X 235,450. NONE 38,1 LENA LAMBI MANAGER, ONCOLOGY SVCS 40. X 217,983. NONE 38,6		per Week	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization	compensation from related organizations	amount of other compensation
TRUSTEE 1. X NONE NONE NONE NONE DONALD R TOWNSEND_MO TRUSTEE 1. X NONE NONE NONE ROBERT PETRINA CFO-SEH 40. X NONE 446,813, 126,7 YIKI L ARRITO VP PATIENT CARE-ABSMC 40. X NONE 314,736, 100,5 MARK W BETILING REGION HUMAN RESOURCES EXEC 40. X NONE 321,345, 160,1 JOHN GENTILE VP MEDICAL AFFAIRS-ABSMC 40. X NONE 321,345, 160,1 JOHN GENTILE AROSE ADMIN WOMEN/INFANNS-ABSMC 40. X NONE 442,412, 128,3 CATBERINE A ROSE ADMIN WOMEN/INFANNS-ABSMC 40. X NONE 283,101, 81,0 JOAN BESITEL NURSE, CERTIFIED STAFF II 40. X 221,635, NONE 28,5 GER DECOITO NURSE, CERTIFIED STAFF IV 40. X 222,476, NONE 37,8 SLOBIA B HARMON ABSMC ADMIN DIR REHAB & STROKE 40. X NONE 238,333, 72,5 SLUBIKARBAL LALAMI SONGRAPHER-REGISTERED 40. X 235,450, NONE 38,10 LENA LAMED NANAGER, ONCOLOGY SVCS 40. X 217,983, NONE 38,6	PHILIP RICH MD	and the second of the second o						<u> </u>			
DONALD R TOWNSEND MD		L	x						NONE	NONE	NONE
TRUSTEE	DONALD R TOWNSEND MD		36.				79.7				
NOBERT PETRINA 40. X	the state of the s	1.	x		, i.				NONE	NONE	NONE
YIKI L ARDITO	ROBERT PETRINA				7	:					
VF PATIENT CARE-ABSMC	CFO-SEBH	40.			Х	i i ,		1: .:-	NONE	446,813.	126,759.
MARK W BEITING REGION RUMAN RESOURCES EXEC 40. X NONE 321, 345. 160,1 JOHN GENTILE VP MEDICAL AFFAIRS-ABSMC 40. X NONE 442,412. 128,3 CATHERINE A ROSE ADMIN WOMEN/INFANTS-ABSMC 40. X NONE 283,101. 81,0 JOAN BECHTEL NURSE, CERTIFIED STAFF II 40. X 221,635. NONE 28,5 GERI DECOITO NURSE, CERTIFIED STAFF IV 40. X 222,476. NONE 37,8 GLORIA B HARMON ABSMC ADMIN DIR REHAB & STROKE 40. X NONE 238,333. 72,5 ZULTIKARALI LALANI SONOGRAPHER-REGISTERED 40. X 235,450. NONE 38,1 LENA LAWEL MANAGER, ONCOLOGY SVCS 40. X 217,983. NONE 38,6	VIKI_L_ARDITO		17	1	. **.				Þ şei		
REGION HUMAN RESOURCES EXEC 40: X NONE 321,345. 100,1 JOHN GENTILE YP MEDICAL AFFAIRS-ABSMC 40: X NONE 442,412. 128,3 CATHERINE A ROSE ADMIN WOMEN/INFANTS-ABSMC 40: X NONE 283,101. 81,0 JOAN BECHTEL NURSE, CERTIFIED STAFF II 40: X 221,635. NONE 28,5 GERI DECOITO NURSE, CERTIFIED STAFF IV 40: X 222,476. NONE 37,8 GLORIA B HARMON ABSMC ADMIN DIR REHAB & STROKE 40: X NONE 238,333. 72,5 ZULFIKARALI LALANI SONOGRAPHER-REGISTERED 40: X 235,450. NONE 38,1 LENA LAMEL MANAGER, ONCOLOGY SVCS 40: X 217,983. NONE 38,6	VP PATIENT CARE-ABSMC	40.	<u> </u>			Х			NONE	314,736.	100,595.
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VP MEDICAL AFFAIRS-ABSMC 40. X NONE 442,412. 128,3 CATHERINE A ROSE ADMIN WOMEN/INFANTS-ABSMC 40. X NONE 283,101. 81,0 JOAN BECHTEL NORE CERTIFIED STAFF II 40. X 221,635. NONE 28,5 GERI DECOITO NURSE, CERTIFIED STAFF IV 40. X 222,476. NONE 37,8 GLORIA B HARMON ABSMC ADMIN DIR REHAB & STROKE 40. X NONE 238,333. 72,5 ZULFIKARALI LALANI SONOGRAPHER-REGISTERED 40. X 235,450. NONE 38,1 LENA LAMEL MANAGER, ONCOLOGY SVCS 40. X 217,983. NONE 38,6		4 Ô E				Х	ļ	<u> </u>	NONE	321, 345.	100,101.
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JOAN BECHTEL			1			ļ.,					
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NURSE, CERTIFIED STAFF IV 40. X 222,476. NONE 37,8 GLORIA B HARMON ABSMC ADMIN DIR REHAB & STROKE 40. X NONE 238,333. 72,5 ZULFIKARALI LALANI SONOGRAPHER-REGISTERED 40. X 235,450. NONE 38,1 LENA LAMEL MANAGER, ONCOLOGY SVCS 40. X 217,983. NONE 38,6		40.	<u> </u>		-	1	X	<u> </u>	221,635.	NONE	28,510.
GLORIA B HARMON ABSMC ADMIN DIR REHAB & STROKE 40. X NONE 238, 333. 72, 5 ZULFIKARALI LALANI SONOGRAPHER-REGISTERED 40. X 235, 450. NONE 38, 1 LENA LAMEL MANAGER, ONCOLOGY SVCS 40. X 217, 983. NONE 38, 6		- 7.6					1473		000 100	30_01	1 2 2 2 2 2
ABSMC ADMIN DIR REHAB & STROKE 40. X NONE 238, 333. 72,5 ZULFIKARALI LALANI SONOGRAPHER-REGISTERED 40. X 235, 450. NONE 38,1 LENA LAMEL MANAGER, ONCOLOGY SVCS 40. X 217, 983. NONE 38,6		40.					X	-	222,416.	NONE	37,852,
ZULFIKARALI LALANI SONOGRAPHER-REGISTERED 40. X 235,450. NONE 38,1 LENA LAMEL MANAGER, ONCOLOGY SVCS 40. X 217,983. NONE 38,6		ΔÖ		ľ			v		NONE	30 20 222	The East
SONOGRAPHER-REGISTERED 40. X 235,450. NONE 38,1 LENA LAMEL MANAGER, ONCOLOGY SVCS 40. X 217,983. NONE 38,6		30.	-	,	H				NONE	- Z30, 333.	12,530.
LENA LAMET MANAGER: ONCOLOGY SVCS 40. 217,983. NONE 38,6							x		235 250	NONE	38,199.
		V	1						233, 133,		
	MANAGER, ONCOLOGY SVCS	40.					x		217, 983.	NONE	38,687.
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	ويوغرني مديم ماگنگ بيد باشاب کا به به رفايت کا فياند د بعيد بديد به به به برا	 			:		ľ		<i>;</i> :	<u> </u>	
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No.: 1545-0047
2008
Open to Public

Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Name of the organization Employer identification number SUTTER EAST BAY HOSPITALS 94-1196176 Bond Issues (Required for 2008) (h) On (a) Issuer name. (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue price (f) Description of purpose Esuer Yes No Yes No A CA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY 68-0164610 130911VT4 02/14/2004 18,473,170. NEW CONSTRUCTION B CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY 52-1643828 13033F2L3 05/14/2008 36,584,090. REFUNDING OF PRIOR BOND ISSUES Proceeds (Optional for 2008) В. C E 5 Issuance costs from proceeds 6 Working capital expenditures from proceeds 7 Capital expenditures from proceeds 8 Year of substantial completion Yes No Yes No Yes No Yes No Yes No 9 Were the bonds issued as part of a current refunding issue? 10 Were the bonds issued as part of an advance refunding issue? 11 Has the final allocation of proceeds been made? 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? Private Business Use (Optional for 2008) C E A В D 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by. Yes No Yes No Yes No Yes No Yes No. tax-exempt bonds?.... 2 Are there any lease arrangements with respect to the financed property which may result in private business use?

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule K (Form 990) 2008 Part III Private Business Use (Continued)

		λ. · .l		В		c I	<u> </u>	Ď l		E
3a Are there any management or service contracts with	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
respect to the financed property which may result in private business use?		1		1						
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?			1							
4 Enter the percentage of financed property used in a private business use by entitles other than a section. 501(c)(3) organization or a state or local government.		%		%		%	:	%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.		%		%.		*%		%		%
Total of lines 4 and 5 Has the organization adopted management practices.		%		%		%		. %	:	%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?									`\$	
Part IV Arbitrage (Optional for 2008)	***************************************									
		4		В		C		D		E .
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2 Is the bond issue a variable rate issue?			······································							
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?				· ·						
b Name of provider			·							-1.
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider.	•								100	
c Term of GIC				1.,	V					
d Was the regulatory safe harbor for establishing the fair										
market value of the GIC satisfied?			,,	y				1	<u></u>	
5 Were any gross proceeds invested beyond an	· .					1	i i			
available temporary period?	<u> </u>			all and the		180 A 44		4		
	1									1

Schedule K (Form 990) 2008

SCHEDULE L (Form 990 or 990-EZ)

OMB No. 1545-0047

Department of the Treasury

Transactions With Interested Persons

Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

nternal Revenue Service	or Form	990-EZ, Part v	, lines 38D	or 400.	1_			TIE!			(9003)
lame of the organization					Em	- 1	r ident		n nun	nber	
SUTTER EAST BAY HOSPITALS			F			94~	1196	176			
Part I Excess Benefit Transacations To be completed by organizations	s (section 501 s that answer	(c)(3) and secti ed "Yes" on Fo	ion 501(c)(4 rm 990, Pai	i) organiza rt IV, lines	itions only). 25a or 25b	or Fo	rm 99	0-EZ,	Part	V, line	40b
1 (a) Name of disqualified person	 Sr		rhs r) Secription	of transactio	n				(C) Cor	recled?
(d) statile of diagonimes potenti	•									Yes	No
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and the second s					 	- Barri					
The second secon							ـــنييـد				1
* ***					· · · · · · · · · · · · · · · · · · ·		-:				
				· · · · · · ·							
2 Enter the amount of tax imposed on	. Ma aranaba	tion managare	ordisavalifi	ad nareon	during the	Vent			1 1 m mg	<u> </u>	<u> </u>
under section 4958							. b	\$			
3 Enter the amount of tax, if any, on ii	ne 2 shove	reimhursed by t	be organizat	ion	చ్చిక కా కా చేస్తు 	* * * * * * * * * * * * * * * * * * *	. 1		····.		
Tiller the amount of take any, out the	110 24 250 301	in Citting Gioca Sy	: : : : :::a:ă:ă:a::::-::	ander Serena	e de de de mercie		• •	· · · · · · · · ·		;,,, ,	
Part II Loans to and/or From Inter	ested Perso	ins.									
To be completed by organization	ons that answ	rered "Yes" on F	Form 990, P	art IV, line	26, or Form	n 990	EZ, P	art V,	line 3	8a.	
(a) Name of interested person and purpose	(b) Loan to or f	ram (c) Orig	ginal	(d) Bala	nce due	(e) in	default?	(f) Ap	proved	(g) V	Vritten
The state of the s	the organization		amount	(4) 53,000		by boar committ			or agreement		
High.	<u> </u>		ľ			comm		litries (· · · ·	
	To Fro	m		F		Yes	No	Yes	No	Yes	No
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To be completed by organization	ons that answ	vered "Yes" on F	Form 990. P	art IV, line	27.						
(a) Name of interested person	and the second of the second of	nship between int			(c) Amo	ount of	grant	or typ	e of as	sistan	ćě
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For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Employer Identification number Name of the organization SUTTER EAST BAY HOSPITALS 94-1196176 MISSION STATEMENT 990 PART I, LINE 1 AND PART III, LINE 1 TO ENHANCE THE HEALTH AND WELL BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH COMPASSION AND EXCELLENCE SERVICE EXCELLENCE STANDARD C. A. R. I. N. G. CUSTOMER/PATIENTS FIRST ACKNOWLEDGE AND GREET OTHERS REACH GUT TO HELP AND FOLLOW THROUGH INITIATE CONTACT AND COMMUNICATE NURTURE OTHERS GIVE ATTENTION TO DETAIL

Schadule O (Form 990) 2008	Page 2
Name of the organization SUTTER EAST BAY HOSPITALS	Employer Identification number 94-1196176
EXEMPT PURPOSE ACHIEVEMENTS	فيجهه وبناء فاهبنه بنباء ناهجين بالمهاد فيمال فالماد بالمحاد
990 PART III, LINE 4A	
DURING 2002, ALTA BATES MEDICAL CENTER MERGED WITH SUMMI	T MEDICAL CENTER
(A RELATED 501(C)(3) HOSPITAL); CREATING ALTA BATES SUMM	ET MEDICAL CENTER
(ABSMC). THIS ORGANIZATION CONSISTS OF TWO NON-PROFIT H	OSPITALS
PROVIDING ACUTE CARE AND EMERGENCY MEDICAL AND SURGICAL	SERVICES TO
INPATIENTS AND OUTPATIENTS OF THE SAN FRANCISCO BAY AREA	
ABSMC HAS DEVELOPED STRENGTHS IN SPECIALTY AREAS SUCH AS	HIGH-RISK
OBSTETRICS, NEONATOLOGY, MENTAL HEALTH, CANCER TREATMENT	, rehabilitation
AND CARDIOLOGY.	
	and the second s
IN 2008, ABSMC CONTRIBUTED MORE THAN \$79.1 MILLION IN CO	MMUNITY BENEFIT:
COMMUNITY BENEFIT PROGRAMS AND SERVICES REACHED MORE THA	
	BED BELOW. ALSO
	ENTER'S COMMUNITY
BÉNEFIT PRÓGRÁMS AND SÉRVICES:	
1. REHABILITATION SERVICES	
1. REHABILITATION SERVICES	
* BREAST HEALTH ACCESS FOR WOMEN WITH DISABILITIES: PIRS	T PROGRAM OF ITS
KIND IN THE NATION, THIS CLINIC FEATURES A WHEELCHAIR-AC	
MAMMOGRAPHY MACHINE AND SPECIAL EXAM TABLES, AS WELL AS	
OUTREACH SERVICES DESIGNED SPECIFICALLY FOR WOMEN WITH I	er og til skriver og
ARE FREE TO DESABLED WOMEN IN ALAMEDA AND CONTRA COSTA C	ing personal services and the services of the
PROGRAM HAS IGNITED INTEREST NATION-WIDE AND WILL BE INS	
	STACOMENT OF THE STATE OF THE S
ENHANCING HEALTH CARE FOR DISABLED WOMEN EVERYWHERE.	ĸĸijijĸĸij ĠĸſĠĠĸĸĸſĠĸĸĸĸĸĸĸĸĸŔĸŔĸĸĸĸ

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GOTTEN BAST BAT MOSTITABO	<u> </u>
	yer man men yer yer yer men men men men yer
* THE DISABLED COMMUNITY HEALTH CLINIC: FOCUSES ON FOSTERING INDE	PENDENCE
WITHIN THE DISABLED COMMUNITY. THE PROGRAM FOCUSES ON OUTPATIENT	
DELIVERY OF CARE, AND SERVICE IS PROVIDED REGARDLESS OF THE PATIE	NT'S
ABILITY TO PAY. THIS PROGRAM ALSO ALLOWS DISABLED PERSONS TO GAI	N ACCESS
TO NEEDED SUB-SPECIALTIES.	
	<u> </u>
* THE PRE-SCHOOL COMMUNICATION PROGRAM (SMALL VOICE): OFFERS INTE	NSI VE
SPEECH THERAPY TO PRE-SCHOOL CHILDREN (AGES TWO AND ONE-HALF TO F	ÏŸE
YEARS) EXHIBITING SPEECH AND LANGUAGE PROBLEMS. MORNING AND AFTE	RNOON
SESSIONS ARE SCHEDULED THREE DAYS A WEEK. A SESSION CONSISTS OF	TWO AND
ONE-HALF HOURS OF GROUP INTERACTION LED BY A THERAPIST. THE CHIL	D ALSO
MEETS ONE-ON-ONE WITH HIS OR HER THERAPIST WEEKLY. THIS PROGRAM I	
PARTIALLY FUNDED THROUGH UNITED WAY FUNDS AND OTHER GRANTS.	
·	
* PHYSICAL AND OCCUPATIONAL THERAPY EDUCATIONAL PROGRAM: PROVIDED	: ma
· · · · · · · · · · · · · · · · · · ·	
ORGANIZATIONS SUCH AS CHURCHES, SENIOR CENTERS, MULTIPLE SCLEROSI	S
POST-POLIO GROUPS, AND HALL OF HEALTH GROUPS. OFFERS EDUCATIONAL	Benggipi in in in juga kanaminga apatamanan an appi ay masa as A
SEMINARS YEARLY ON THE TOPICS OF BACK CARE, STAIR CLIMBING, AND	بدها به مود دون بدون بروان بدون بدون به ما بدون بدون بدون بدون بدون بدون بدون بدون
AMBULATORY MOBILITY.	والمراقب الشارقية المدارقية والمراقبة المدرسة المدرسة اليوارية والمراقب المائحة المراقب المدرسة وما من المدارسة
	ے سے بریان میں میں میں میں میں اسال کے اسال کے انہاں کے انہاں کی اسال کی اسال میں ایک انہاں کی جاتا ہے۔ ہ
* SENIOR OKAL REHAB PROGRAM: EDUCATIONAL PROGRAM PROVIDED TWICE F	ACH YEAR
TO SENIOR CENTERS AT THEIR RESPECTIVE LOCATIONS. THE PROGRAM IS	
FREE OF CHARGE AND INCLUDES TOPICS SUCH AS MAXIMIZING HEARING, LI	
•	
READING, AND USE OF HEARING AIDS.	ر المنظمة الم
* STROKE SUPPORT GROUP: FOR STROKE SURVIVORS FAMILY AND PRIENDS	

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Name of the organization SUTTER EAST BAY HOSPITALS		Employer identification number 94-1196176
SUTTER EAST BAY HOSPITALS	-y di Contrarandia tenan casa yan di	1. 34=1196176
عقه جيهمالة للكاع فيلهب منهم عملها والمناه والمناف في المنظية والمنافية والمنافية والمناف والمناف والمناف والم	ݖݷݘݚݚݐݞݻݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞݞ	
* ARTHRITIS SUPPORT SERVICES: IN CONJUNCTION WIT	H THE ARTHRITIS	مسانته براز المواصل سألهم لولزارين ويزارته عدعة تاعتدينيا بتنزيت يترسنا بند فتدويد بن فيزلام
FOUNDATION, REHAB SERVICES OFFERS FREE SUPPORT A	ND EDUCATION PRO	SKAMS TO
		N-1901
TOPICS OF INTEREST TO PEOPLE LIVING WITH ARTHRIT	<u> 15</u>	چې کو د د د د د د د د د د د د د د د د د د
arangan mangangan mangan mangan mangan mangan mangan dalah sa 	- ئىدىن ئىرىنى ئىدىن ئىدىن بىدىن بىدىن ئىدىن	رای پورچې د چې غام که ده کومی د د با د با د با با د با با د با د با
* REHAB CAREGIVERS SUPPORT GROUP: OFFERED TO FAM	ILY MEMBERS AND I	ERTÉNDS
WHO HAVE SOMEONE WHO HAS BEEN THROUGH THE ACUTE	REHABILITATION P	ROGRAM AT
THE HERRICK CAMPUS. THE PROGRAM ADDRESSES THE N		· · · · · · · · · · · · · · · · · · ·
		#1 1 M 17 M 18 M 18 M 18 M 18 M 18 M 18 M
ASSISTING A PERSON LIVING WITH PHYSICAL DISABILI	TIES AND VERDING	an ang pintan kananan pintan ang apan ang kali bila
SUPPORT	رفية تنه فكرفت بسأؤت بالتوت رسايت بنيز سييس سرسوس	
2. RESPIRATORY SERVICES		
* ADULT ASTHMA EDUCATION: TEACHES PATIENTS TO UN	INPERTAND ASTUMA	
		ing ngan finanga pipanananang ngang ngang na
MEDICATIONS AND SELF-MANAGEMENT. MONTHLY THREE I	OUR EDUCATIONAL	PROGRAMS
FOR PATIENTS WITH ASTHMA.		مد مد مد مد استان المساول المساول و المساول المساول المساول المساول المساول المساول المساول المساول
والمراب والمواجعة فعرف فواحم بفائها فراج فالفراج فقاف بيدوه كالمواجع فالمراب فالمواجع فالهار أنطأت بالمراب فالمرابع فالمرابع والمرابع فالمرابع والمرابع والمرابع فالمرابع والمرابع والمرابع فالمرابع والمرابع والم	oris monor en er en el estre en en en el en	خنج بو چېچې په د د د د د د د د د د د د د د د د د د
* ASTHMA MANAGEMENT RESOURCE CENTER: PROVIDES A	SYSTEMIZED APPRO	ACH TO
ASTHMA MANAGEMENT FOR PATIENTS. PATIENTS ARE PRO	WIDEN APPROPRIAT	· · · · · · · · · · · · · · · · · · ·
	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
EDUCATION, MEDICAL APPLIANCES AND MEDICATION FRE		
REFERRED TO LOCAL COMMUNITY CLINICS FOR ANY FURT	HER CLINICAL SER	VICES.
والمنافقة والمناف والمناف والمنافقة والتناف والمناف والمنافة والمنافة والمنافية والمنافية والمناف والمناف والما	وساوي والمعادد والمراجعة والمداورة والمراجعة و	سندا ساسع وسرسونا إساس سربوا باستبعث وساسات استعادتنا
* ASTHMA SUPPORT GROUP: PROVIDES FREE EDUCATION	AND SUPPORT TO P	ERSONS
WITH ASTHMA FOLLOWING PARTICIPATION IN PULMONAR		
	amme series en	ger Til Til Til med er diel der vegen findspreicht des gezeichte der der der der der der der der gezeichte der Gezeichne
GROUPS MEET MONTHLY.	, 	
وساسا ويستعمن فالفسولة ودي سماني يحمرون ومودون والماليان أبافات لاموسوسو بالموسوس والمساوس والمساوس		إنهانا فالمناجع وبالماجي والماجي والمجام والما

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Name of the organization SUTTER EAST BAY HOSPITALS	Employer Identification number 94-1196176
	1 24 1130170
3. OLDER ADULT SERVICES	نت بند بند شد مند کند که بلغ بند بند شد بند بند بند بند بند بند بند کنه بد بندرجه که مداند ب
ے پر	<u> </u>
VARIOUS PROGRAMS FOCUS ON ENSURING THAT THE BASIC NEEDS OF THE OI	DER
ADULT POPULATION ARE MET, AND THAT OLDER ADULTS WHO ARE POOR HAVE	ACCESS
TO HEALTH CARE, WITH AN EMPHASIS ON PREVENTIVE CARE. PROGRAMS MA	ADE
AVAILABLE TO OLDER ADULTS INCLUDE HEALTH FAIRS, THE ALZHEIMER CAP	EGIVER
SUPPORT GROUP, AND CAREGIVER TRAINING PROGRAMS. OTHER PROGRAMS I	NCLUDE:
* TELE-CARE PROGRAM FREE TELEPHONE PROGRAM THAT PROVIDES DAILY	ne den den de de la die de de la
Section 2015 Annual and provided the section of the	ئیں گائیں بند میں نشروں نے مدائم ہو جواردہ میں صرحہ دے کا نگر جہ دوجہ جو ج
REASSURANCE CALLS 365 DAYS A YEAR TO THOSE WHO MAY BE HOME-BOUND,	
DISABLED, CONVALESCING FROM AN ILLNESS, RETTRED, A WIDOW OR WIDOW	· · · · · · · · · · · · · · · · · · ·
TARGET POPULATION IS OVER 60 YEARS OF AGE. RESIDENTS OF ALAMEDA	ÄND
CONTRA COSTA COUNTIES ARE ELIGIBLE TO PARTICIPATE IN THE PROGRAM.	المدائد بالدائلة بالدائمة المدائدة المدائدة المدائدة المواقعة ومدائد ويواقع المدائدة
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* HEALTH ACCESS: PROVIDES ON-GOING MONTHLY LECTURES ON TOPICS OF	INTEREST
TO SENIORS, SUCH AS, NUTRITION, DIABETES CARE, BLOOD PRESSURE SCR	EENI NG,
COPING WITH ALZHEIMER'S DISEASE AND OTHERS, FREE OF CHARGE.	
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* LIFELINE: PROVIDES PERSONAL EMERGENCY RESPONSE SERVICES TO OLD	
	er
ADULTS, THE FRAIL AND PHYSICALLY CHALLENGED IN THE COMMUNITY.	
ا پرنده په پېښت که د نوک په د د د د د د د د د د د د د د د د د د	
4. NOMEN AND INFANT SERVICES	
والمراوع	ارس میں معاونات میں میں میں انسان میں انسان میں بیان کا انسان میں ان انسان میں انسان میں انسان میں میں میں ان
* NEONATAL INTENSIVE CARE UNIT (NICU): THE UNIT FOCUSES NOT ONLY	
MEDICAL NEEDS OF THE BABY, BUT ON ITS DEVELOPMENTAL NEEDS AS WELL	- THE
NICU, WHICH SERVES A LARGE PERCENTAGE OF UNINSURED, IS BASED ON T	÷
PHILOSOPHY THAT THE FAMILY IS THE PATIENT, NOT JUST THE INFANT AN	*
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Name of the organization SUTTER EAST BAY HOSPITALS	Employer Identification number 94-1196176
SUITER EAST BAL ROSELLARS	1 94-11-9-017-0
THE GOAL IS TO DISCHARGE THE MOST COMPETENT PARENT(S) AND MOST	COMPETENT
TNFANT: PÖSSIBLE.	ان کا بازی به در در در در این از این به br>این کا این این این این این این این این این ای
بالتراري والرارية والمتراوية والمترارية والمترارية والمترارية والمترارية والمتراوع والمتراوع والمتراوع والمترا	
* NEONATAL TRANSPORT: PROVIDES A CLINICAL TEAM FOR INFANT TRAN	NSPORT FROM
A CONSTRUCTION TO STATE OF STATE OF STATE OF	and the first and the first of the first and
A COMMUNITY HOSPITAL TO ALTA BATES SUMMIT NICU.	ĸĸĸĸĸĸĊĊĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ
مهموده مید همدود دو و میدودی مده و میچ باده مده موجد گرایای و بردود باده در در چود دیگر شده بادو کرد بادی این ۱۹۶۰	التدريبية المراجع والمحاصمة المراجعة المراجعة عند المحاصة المراجع المحاطة المحاطة المحاطة المحاطة المحاطة المح المحاطة المراجعة المحاطة المحا
* BREAST FEEDING SUPPORT PROGRAM OFFERS LACTATION CONSULTANT	مشتهب كفويت وبالفراضة والمعاشف بمنت كالكراث والمتنافث فتفاضك فسناطب كيم بالقرائط أستاه مناف والمفاطئة والمقارفة
AVAILABILITY IN THE HOSPITAL, PARTICIPATION ON THE ALAMEDA BRI	EASTFEEDING
TASK FORCE AND COOPERATIVE ENDEAVORS WITH BERKELEY WIG PROGRAM	· MS:
* TANON AND DESTRIBE EXPENSE ORIGINATION OF THE PROPERTY OF THE	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
* LABOR AND DELIVERY PARENT EDUCATION/CHILDBIRTH EDUCATION PRO	
CLASSES AND LECTURES EMPHASIZING WHAT TO EXPECT WHEN PREGNANT,	- FROM
CHANGES IN FAMILY DYNAMICS (BIG BROTHER/BIG SISTER CLASS AND I	BECOMÍNG À
FATHER) TO LECTURES ABOUT PREPARING FOR BREASTFEEDING AND COP	YING WITH
LABOR PAINS. SOME COURSES REQUIRE A FEE, MOST ARE PROVIDED FI	ġeejor
CHARGE.	
* THE PARENT SHARE SUPPORT PROGRAM: NURSES FROM THE ABSMC NURS	
LEAD SUPPORT GROUP MEETINGS TWICE A MONTH FOR PARENTS WHO HAVI	E INFANTS IN
THE NEWBORN INTENSIVE CARE UNIT (NICU). ALTA BATES SUMMIT ALS	SO ŠPONSORS
AN ANNUAL NURSERY REUNION FOR ITS NICU "GRADUATES."	
والمنافع والم	: بران بران بران بران بران بران بران بران
* INFANT FOLLOW-UP PROGRAM PROVIDES DEVELOPMENTAL DIAGNOSTIC	FOLLOW-UP
SERVICES TO APPROXIMATELY 175 INFANTS DISCHARGED EACH YEAR FRO	
THE PROGRAM OPERATES AN OUTPATIENT CLINIC WEEKLY. DIAGNOSTIC	<u>o zekarceż</u>
INCLUDE DEVELOPMENTAL HISTORY, PSYCHO-SOCIAL ASSESSMENT,	ب کی پیزید اور بیان به به بردن به
NEURO-DEVELOPMENTAL AND PHYSICAL EXAMINATION BY NURSES, A CHI	<u>ĹĎ</u>

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Name of the organization	Employer identification number
SUTTER EAST BAY HOSPITALS	94-1196176
PSYCHOLOGIST AND PHYSICIAN, AND REFERRAL TO COMMUNITY RESOURCES F	<u> </u>
ON-GOING DEVELOPMENTAL INTERVENTIONS	No. 2011
	نخر بحافظ هم بُعم بسوّاهند مسرغير بهم بين نينا فيديدن من بينا بينا بينا بينا بسائسا بسائسا لبواطه
* SPECIAL CONNECTIONS PROGRAM SUPPORT GROUP FOR HOSPITALIZED HIG	H-RISK
ANTEPARTUM WOMEN. WOMEN ARE VISITED IN THE HOSPITAL BY FORMER AN	TEPARTUM
PATIENTS WHO SHARE CONCERNS AND OFFER ADVICE ON DEALING WITH THE	
FRUSTRATION OF BEING ON BED REST.	
* SUPPORT AFTER NEONATAL DEATH (SAND): PROVIDES SUPPORT FOR PAREN	TS_WHO
EVERTIFIED DECEMBER OF MEANACHT DEADLEST WITH THE DAVE A CHEDODE CE	BUTCEC
EXPERIENCE FETAL OR NEONATAL DEATH (IN THE EAST BAY.) SUPPORT SE	KAT CES
INCLUDE HELPING THE PARENTS COPE WITH THE DEATH, ARRANGING BURLAL	الله ما المارية
SERVICES, AND SCHEDULING ON-GOING SUPPORT AND COUNSELING. THE GR	QÜÉ
SUPPORT AND COUNSELING IS ALSO AVAILABLE FOR PARENTS WHO HAVE DEL	IVERED
AT HOSPITALS OTHER THAN ABSMC.	
81 80011 1010 VIRDA INDA DOPPO	المنظ شيئة الإفراقية الهن العن بعد يبعد بيعا مجد مجد مجد البيان بنية معيد مبد البعد يوفر الجدا ألها المواقعة
	والمرابعة والمرابعة المعرضة المعاصدة ومعارضة والرواضة بمعارضه المعاصد والرواضة رامع ومعارضه ومدوسي
5. ONCOLOGY SERVICES/SUPPORT GROUPS	स्ति होता गाने क्रमीनारोगों पात का तामां क्रमाना के का स्वाप्ति के का स्वाप्ति के स्वाप्ति का स्वाप्ति का का स स्ति होता गाने क्रमीनारोगों पात का तामां क्रमाना के सम्बद्धा के सम्बद्धा के सामाना स्वाप्ति का स्वाप्ति का समा
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* BREAST CANCER SUPPORT GROUP FOR WOMEN UNDER 40: FOCUSES ON THE	SPECIAL
NEEDS AND CONCERNS OF YOUNGER WOMEN. PROGRAM IS PROVIDED FREE OF	CHARGE.
* GUIDED RELAXATION AND VISUALIZATION: INNOVATIVE APPROACH TO RED	TICT NG
•	
STRESS AND ANXIETY AND CREATING POSITIVE, LIFE-AFFIRMING IMAGES F	reservation of the state of the
PEOPLE LIVING WITH CANCER. PROGRAM IS PROVIDED FREE OF CHARGE.	سيشيداننا بلة سانجانية فتزندك سه نساب بسانية شاميسينية بكيساني
* MARKSTEIN CANCER EDUCATION AND PREVENTION CENTER: DEDICATED TO	
DECREASING THE INCIDENCE OF CANCER THROUGH EARLY DETECTION AND OU	TREACH
EDUCATION. THE CENTER PROVIDES A VAST ARRAY OF OUTREACH AND EDUCA	TIONAL

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Name of the organization SUTTER EAST BAY HOSPITALS	Employer Identification number 94-1196176
ACTIVITIES - INCLUDING BUT NOT LIMITED TO, THE CENTER'S FREE CLIN	
COMPLIMENTARY THERAPY, BREAST CANCER AND GENERAL CANCER SUPPORT G	ROUPS
AND THE "LOOK GOOD FEEL BETTER" PROGRAM FOR MORE INFORMATION ABO	UT THE
VARIOUS PROGRAMS OFFERED, PLEASE SEE THE ATTACHED LIST.	
* COMPREHENSIVE CANCER CENTER OUTREACH EFFORTS: LOCATED AT THE HE	RRICK
CAMPUS OF THE MEDICAL CENTER, OFFERS MORE THAN 18 DIFFERENT COMMU	NITY
OUTREACH PROGRAMS AND SERVICES, INCLUDING A CANCER RESOURCE CENTE	R AND
SEVERAL SUPPORT GROUPS AND EDUCATION ACTIVITIES. FOR MORE INFORMA	TION
ABOUT THE VARIOUS PROGRAMS OFFERED, PLEASE SEE THE ATTACHED LIST.	errender er e
* NEWLY DIAGNOSED BREAST CANCER SUPPORT GROUP: GOAL OF THIS GROUP	S IS TO
SUPPORT THE NEWLY DIAGNOSED PATIENT, PROVIDE INFORMATION, AND A P	CORUM TO
SHARE FEELINGS AND CONCERNS, PROGRAM IS PROVIDED FREE OF CHARGE.	
<u></u>	الموافقة نوائد المساور والمساور
* PARTNERS OF WOMEN WITH BREAST CANCER: PROVIDES A SUPPORTIVE EN	ZI RONMENT
FOR PARTNERS OF WOMEN WITH CANCER TO TALK ABOUT THEIR EMOTIONS AN	<u> </u>
CONCERNS. PROGRAM IS PROVIDED FREE OF CHARGE.	ing mg mg, militan dan saig kan san sanjanik ang imakini ang mg mg, mg, ang ing ing ing ing ing ing ang
* SEXUALITY, INTIMACY AND BREAST CANCER WORKSHOP: OVERALL VIEW O	e ^{co} the
IMPACT BREAST CANCER CAN HAVE ON ONE'S INTIMATE LIFE. PROGRAM IS	PROVIDED
FREE OF CHARGE.	
	لله الله الله الله الله الله الله المراجعة المراجعة إلى ومراجعة العمار القرارية عمارات عمارات عمد أسترجعة المد
* SUPPORT GROUP FOR FRIENDS AND FAMILY COPING WITH CANCER IN A L	OVED ONE:
A DROP-IN SUPPORT GROUP FOR SPOUSES, PARTNERS, SIBLINGS, PARENTS	ADULT
CHILDREN AND FRIENDS WHO ARE COPING WITH CANCER IN A LOVED ON. P	ROGRAM IS
PROVIDED FREE OF CHARGE.	ا د العدادة في مناطق على مورض إلى من من في يبيا بين بين بين المناطق إليان في من مناطق عن المناطق المناطقة المناط

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Name of the organization SUTTER EAST BAY HOSPITALS	94-1196176				
<u> </u>					
* LOOK GOOD FEEL BETTER: TIPS ON WIGS, HEAD COVERINGS AND SKIN CA	RE FOR				
WOMEN IN CHEMOTHERAPY. PROGRAM IS PROVIDED FREE OF CHARGE.	artina en la como de en la lación de en de tantacidade e medicación, e de e				
· · · · · · · · · · · · · · · · · · ·					
6. CHRONIC DISEASE SERVICES	ت د د د د د د د د د د د د د د د د د د د				
	<u> </u>				
TRONT DAY ALOG OFFICERS OFFICERS A COMPREHENCING PROCESS OF RELATIVE	by ut u				
* EAST BAY AIDS CENTER: PROVIDES A COMPREHENSIVE PROGRAM OF PRIMA	Ri ni v				
CARE AND ACCESS TO CLINICAL TRAILS AS WELL AS CONSULTATION AND SU	PPORT'				
SERVICES THROUGHOUT THE CONTINUUM OF HIV DISEASE. THIS OUTPATIEN	$\overset{\circ}{\mathbf{T}}$. The substitution of the second constant of the secon				
SERVICE IS THE LEADER IN PROVIDING PRIMARY HIV CARE AMONG EAST BA	y. Yangan ayan ayan ayan ayan ayan ayan ayan				
COMMUNITY HOSPITALS AND CARES FOR OVER 500 PEOPLE EACH YEAR, 20% OF WHOM					
•-					
ARE WOMEN. FOR MORE INFORMATION ABOUT THE VARIOUS PROGRAMS OFFERE	<u> </u>				
PLEASE SEE THE ATTACHED LIST.	<u> </u>				
ے ہے۔ اس میں میں اس	خرب وحملا کا				
* ALTA BATES SUMMIT MEDICAL CENTER/CHILDREN'S HOSPITAL JOINT SICK	LE_CELL:				
PROGRAM: PROVIDES CARE TO PERSONS WHO ARE IMPACTED BY SICKLE CELL	, A				
GENETICALLY INHERITED DISORDER. THE PROGRAM OFFERS A COMPREHENSIV					
APPROACH TO INPATIENT AND OUTPATIENT MEDICAL SERVICES, AND ALSO P	ROVIDES				
FOR THE SOCIAL AND EDUCATIONAL NEEDS OF ITS PATIENTS.	معالمات متارخته بعد مدرسة مناصلة من همية بنديث بسيا <mark>س فقائم وينا بأن سار م</mark> ساطة				
* DIABETES CENTER: PROVIDES CLINICAL SERVICES, DISEASE MANAGEMENT	AND				
EDUCATION FOR PEOPLE WITH DIABETES, SERVICES ALSO INCLUDE: A SPEA	KER 5				
BUREAU, A FREE METER PROGRAM AND OTHER SUPPLIES DONATIONS, SCREEN	iing, and				
A_SUPPORT_GROUP.					
	V				
	a ' a a an an an an air ine an ain an an an an an an an an air ' air an an air ' air an an air ' an ' an air an				
7. CARDIOVASCULAR SERVICES					

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SERVICES PROVIDED FREE OR AT A NOMINAL FEE INCLUDE CPR COURSES.	
CHOLESTEROL SCREENING, BLOOD PRESSURE READINGS AND LECTURES TO	LOCAL
COMMUNITY GROUPS AND CONFERENCES FOR THE COMMUNITY AND PHYSICIA	<u>Ans.</u>
* VASCULAR REHAB EXERCISE EDUCATION: SELF-PACED EXERCISE PROGRA	AM_FOR_
PEOPLE WHO HAVE LEG PAIN. FREE OF CHARGE.	حور معرف من من جمع بالمنظم بالمنابع بالمنظم التوريخ المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم ال منظم المنظم
* CARDIAC REHABILITATION PATIENT VISITS: VISITS IN THE HOSPITA	Ĺ TO
NON-REIMBURSED PATIENTS TO PROVIDE PATIENT EDUCATION	والمارية الأوافق فين فيد فوارني فعارض ويروع والمراس والمراس والمراس والمراس والمراس والمراس والمراس والمراس والمراس
الأراج والتي المراجع المراجع والمراجع	مد المحمل المساومة بينا أولوا وما فيذا مجرات بمسائلة بجوارية يأور في فيذا فيذا فيذا بموجودي بهواريس ويراوي وال
* CARDIAC REHABILITATION PHONE SERVICE: PHONE CALLS FROM NON-P	ATIENTS
SEEKING CARDIAC REHAB INFORMATION, WHO FOR VARIOUS REASONS CAN	NOT COME TO
THE MEDICAL CENTER.	
	؞ ڹڔۻڲڿڔڹ؞ؙۣڿڷ؆ڎڂڝڂڡڛڡڣڶۺڲڝڲٚڿڣۘۮڝڝڝڝڝ
* CARDIAC REHAB PROGRAM-BERKELEY AND ALBANY YMCA S: NURSE SUPE	rvised
EXERCISE CLASSES FOR PATIENTS WHO HAVE HAD CARDIAC PROBLEMS. P	ATTENTS ARE
CLOSELY OBSERVED 3 TIMES A WEEK AT THE YMCA. THIS INCLUDES MON	ILTORING OF
BLOOD PRESSURE, HEART RHYTHMS, MEDICATION AND WEIGHT EVALUATIO	<u> </u>
منجو فرسوما والمراب فرموم والمراب فراج و والمرابع والمراب	Adalah dan salah salah dan dan galah dan galah dan galah dalah dan salah dan salah dan salah dan salah dan sal
8. OTHER SERVICES	والمعارض المستعدد والمعارض المعارض المعارض المستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد
	براجيا دين و في نوارات الله سياب الناب الناب المارية المارات المارات المارات المارات المارات المارات المارات ا
* TUITION REIMBURSEMENT: EMPLOYEES ARE REIMBURSED FOR PROFESSI	ONAL
EDUCATION.	ili jaigan ana anjangan mananakan kan pangan sangan ing diapangan bahara kan pangan sangan sangan sangan sanga Ing pangan angan kanangan sangan sangan sangan sangan sangan sangan kanan sangan sangan sangan sangan sangan s
رگرهای در	
* ABSMC NURSING EDUCATION OFFERS A BROAD SELECTION OF EDUCATION	DNAL
CONFERENCES FOR THE BENEFIT OF THE MEDICAL COMMUNITY. THESE I	LECTURES ARE
FREE AND HELP DISSEMINATE INFORMATION THAT IS PERTINENT TO VAL	RIOUS

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SUITER EAST BAT HOSPITALS	94-1196176
SEGMENTS OF THE PROFESSIONAL COMMUNITY.	سخ رجن سخ مصر مصاحبه بها وقد وهو مدامعه جمع حد مصارحه معاد العدار المان فينا فين جيد وهو اسخ سند سد
* CHAPLAINCY: PROVIDES SEVERAL COMMUNITY OUTREACH AND EDUCATIONAL	
ACTIVITIES. FOR MORE INFORMATION ABOUT THE VARIOUS PROGRAMS OFFER	ED,
PLEASE SEE THE ATTACHED LIST.	
FUDBO 6. S DE TRE BITACREE PISIS	ندات النبيعة هي كالشدسو أغلق معامل بينا وبينا بأنا نبي النبات إليه وما أندا كرات و. م
	۔ مد خدر قد شدیف صافحا بھو بنتے تھے بنت بند کے بندر بندا سازد بندا سنا ہے ہیں جدر سازگار
* ETHNIC HEALTH INSTITUTE (EHI): THE PURPOSE OF THE PROGRAM IS TO	ENHANCE
THE HEALTH AND WILL BEING OF ALL PEOPLE IN THE COMMUNITY, FOCUSIN	G ON THE
UNDESERVED POPULATION WHO EXPERIENCE DISPARITIES IN HEALTHCARE AN	<u>ID'</u>
DISEASE. EHI PROMOTES COMMUNITY HEALTH AWARENESS, ORGANIZATIONAL	
ALLIANCES, AND HEALTH PROVIDER TRAINING, RESEARCH AND EDUCATION.	PHT
en e	
WORKS IN PARTNERSHIP WITH MORE THAN FIFTY PUBLIC AND PRIVATE HEAL	THCARE
_INSTITUTIONS, SCHOOL DISTRICTS, UNIVERSITY HEALTH PROGRAMS, AND C	OMMONITY
BASED HEALTH ORGANIZATIONS.	
* HEALTH MINISTRY PROGRAM: THE PURPOSE OF THE HEALTH MINISTRY PRO	GRAM IS
TO DEVELOP AND SUPPORT HEALTH MINISTRIES IN CONGREGATIONS AND CON	4MUNITIES
THEY SERVE. THE PROGRAM HELPS TO IDENTIFY HEALTH PROBLEMS AMONG	
CONGREGATION MEMBERS AND ASSIST IN LOCATING AND/OR PROVIDING HEAT	THE CAPE
THE STATE OF THE PROPERTY OF A STATE OF THE PROPERTY OF THE PROPERTY OF THE STATE OF THE STATE OF THE PROPERTY	General Review (1996) Street Commission (1996) When we have the street of the Commission (1996) A street of the
TO THOSE IN NEED. PARISH NURSES WORK WITH CONGREGATIONS TO PROVID	DE_SUCH
BASIC HEALTH CARE SERVICES AS BLOOD PRESSURE AND BLOOD GLUCOSE	ت ب ب بات ب محمد شروع برا به نواند تو ب بالمدا
SCREENINGS, HEALTH COUNSELING, SUPPORT GROUPS, REFERRALS AND HEAL	${ m TT\dot{H}}$. The second contract of the s
INFORMATION: FOR MORE INFORMATION ABOUT THE VARIOUS PROGRAMS OFFE	EREDZ
PLEASE SEE THE ATTACHED LIST.	•
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+ VOURU DETECT CAREED DEVELORMENT DESCRIPTION OF MEETINGS AND MURITISES	
* YOUTH BRIDGE CAREER DEVELOPMENT PROGRAM: SINCE 1989, THE MEDICA	
HAS SPONSORED THE YOUTH BRIDGE MENTORING PROGRAM TARGETING AT-RIS	<u> </u>

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INSURANCE AND DISCOUNTED FEES ARE AVAILABLE. THE HOSPITAL PROVIDE	S_FREE
SPACE FOR THE CLINIC, AS WELL AS IN-KIND SERVICES AND CASH DONATI	ons.
•	
المتنفظ بالمتنفظ فالمتنفظ فالمتنفظ المتنفظ المتنفظ والمتنفظ والمت والمتنفظ والمتنفظ والمتنفظ والمتنفظ والمتنفظ والمتنفظ والمتنفظ	الله في مد قد بدر مدين في من منه النه <u>في في في المدينا عديد عدف فيه منها</u> مناتب أنه الهيا
* HEALTH SCIENCE LIBRARIES: TWO RESOURCE CENTERS FOR HEALTH CARE	سر بنا بنا مناه مناه مساورت وارد معارضا سر مناه مواهم مبارض سر مناهم المارس والمارس والمارس المارس والمارس
PROFESSIONALS.	
	adda talah dang bang sagar adda casar pada sasar sasar sasar sasar sasar bang sayar sasar sayar gang bang bang bang bang bang bang bang
	پند ساند ته شدنها <mark>ند نبه نهاید براید که که که کام کام کام کام کام کام کام کام کام کام</mark>
* THUNDER ROAD: PROGRAM ASSISTS YOUTH STRUGGLING WITH PROBLEMS RE	LATED TO
THE ABUSE OF DRUGS, ALCOHOL, NICOTINE AND OTHER BEHAVIORAL HEALTH	» حد در مالالمعارض بهت شناب کم شناب در الانت بسایت بیان تم سیان مورد سایت ا
CONDITIONS, TO OVERCOME THOSE PROBLEMS AND BECOME FUNCTIONING MEM	BERS OF
THEIR RESPECTIVE COMMUNITIES.	
	در باید بید. بید بید بید باید باید باید باید باید با
	مستنب بواقو في مواقع في مواقع مساور و مواقع بواقع والمفرض المواقع والمواقع
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حادث ودنام با مار مار مار مار مار مار مار مار مار ما	بعد چند صدخه اسا نصد بمثر شد مند سند میذر سند نشار به نامید مدر سر بسر بعد اسا سر چند پست ساخت تا
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ن خان المنظمة	ندسا در د نداند مدانت باز کرد د د ند د مناسب به مداند کارد کرد د د
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and the substitution of th	کر می میکنوند کا میکند کران کر می موانید میکند کا بی بیان این این این این این این این این این
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ئىدىنىڭ ئايىدىنىڭ ئىلىدىنىڭ ئۇنىدىنىڭ ئىلىنىڭ ئىلى	نیوا اتنان سے دیا دیا اتنان اثنان کو میتازیب سی پیروانید نیوا فقی ترین بسینید <u>دیا دی دی س</u> یاسی پیروانید

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_DESCRIPTION_OF_	CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	
FORM 990, PART	VI, QUESTION 7A	
THIS CORPORATIO	N IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA N	ONPROFIT
PUBLIC BENEFIT	CORPORATION. SUTTER HEALTH IS THE SOLE MEMBER WIT	<u>H. THE</u>
RIGHT TO ELECT	AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF	حربت خواند خواند بنامند فنده کر به بند نی بناز نب بر بر بناز کر بر برای کار کر برای کار برای کار برای کار برای
DIRECTORS.	شارب شد خدالا محالت شد شالف مسلما الشريك والمرابع الرسوري و والم والمواجع والمرابع و	*
وسنو سې سم مدرخت د پېښې د بند چه چه چې پې تې تې تې تې	مین که در به به این به به به در به در به در به در به در به در د در در در به به به به به در به به در به در به در به به در به به	
	ج مين	
د معارجو پسر نیاز د برجید کے بیاد بید ہے		· · · · · · · · · · · · · · · · · · ·
	*	A. S. G. C. (1989) . A. G. C. C
فدامعة محة الشخصة المدعد عند بالتقارب البيانية إلى المجاولية	arang mengang mengangkan di ang ang ang pangkan pang pang pang pang pang mengang mengang pang pang pang pang p Pangkang pangkang pangkang pangkang pangkang pangkang pangkang pangkang pangkang pangkang pang pangkang pangka	general and the second
پسخ میا مسرخته میشانید پیش <u>این این میشاند. بیشان بیشانی بیشانی</u>		چارچورچارچارچا شانب ندرند چارختاری به به نشاخه نیونی شدند انترنشا اسامه .
		ب در در در در باز بر برای به در بود در بازد برای در بازد در بازد در بازد در بازد بازد بازد بازد بازد بازد بازد
	و به و و دو	-
العالمية المنظم عند المنظم عند المنظم ا المنظم المنظم	<u></u>	<u> جو مد بنده د د که د د بیاد کا تواند پاید پر د پر</u>
براد د دید مراح که مغالف در بنایس پرایش		د در مدین منامومی بود. در هافت میدند تا کارب <u>در در میان به ندان در ب</u>
معد والنظر وجوع فقع فقط معلى إليها النظر البيان بين منه النظر المناه الماد الماد		
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	·	
وقع فتواقف فقد صناحته شواند وبدايسا الشريف بتقاشف وكالوبية		ته استخداد است که هم هم هم هم استخداد
۔ سوبھ سے سپسے ہے جب بیٹ انگا کا کا کا کا کا کا کا کا کا	المشاخلة الشاعات فالسائد ومرتدا والبراني والماسمون مسيون والمها بسيون بسيام والمواج والمواجو المساود والمساود و	ب نیونیو مید چند می استان و استان شدهند که اس می اسیابی شوده این این در این استان با در سال با در سال
	معرمت معادلات المناب المناف المناب المنافع الم	
يت سايد سايد من سايد من سايد سايد سايد		ے جن در سر میں میں ایک شمیف ہیں ہے۔ میں میں میں میں ایک کی دیک سے اس میں اس کی کہا تھا۔
خصاب خاما تناكد الماشخ بخراج برحاجه برجا		
		مة منا المناق من منا المناقع الفناع عمل من المنا عمل المناف المنافي المنافع المنافع إلى إلى المنافع المنافع ال منافعة المناق منا منافعة الفناع عمل منافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المنافعة المن
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ئەرىئىلى ئىلى سىرىد ئەرىجى مەر مىزىد مەرىپىنى	مه نات القدمان فا منعه مستانه مستانه البيار الواقع في بريين و وصيف بياب بيوب بيسو واحرب وبرو مدين بديو ب	م سواسم صفورت بدونت بدانته سوانته است ندسته ایند که حدوث که این بدونت بیان ایند بیان باید
	ب درا ب در	· *
د ننا خون دو داد کا انداز شرک در در پر پر پر برای دو داد داد داد داد داد داد داد داد داد		ر را است در وادر بروای بروای در
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SUITER EAST BAL ROSPITALS	34-1150176
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTI	NG_RIGHTS
FORM 990, PART VI, QUESTION 7B	, and and an analysis of the second seco
SUTTER HEALTH AS THE SOLE MEMBER OF THE ORGANIZATION IS ENTITLED	TÓ:
EXERCISE FULLY ALL RIGHTS AND PRIVILEGES OF MEMBERS OF NONPROFIT	
CORPORATIONS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPOR	ATION
LAW, AND ALL OTHER APPLICABLE LAWS. THE MEMBER HAS THE RIGHTS AN	ID POWERS
TO APPOINT (AND REMOVE) MEMBERS OF THE CORPORATION'S BOARD OF DI	RECTORS,
SUBJECT TO THE PROVISIONS OF THE BYLAWS, IN ADDITION, THE MEMBER	LHAS THE
RIGHT TO APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION'S BOARD) ÖR
DIRECTORS:	
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A MERGER, CONSOLIDATION, REORGANIZATION, OR DISSOLUTION OF THE	البيد المنارجة المدخية لمواردة إحدرت حدره وحراها المناطقة المنارجة المناطقة المنارجة المناطقة المناطقة المناطقة
CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY:	
B. AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR T	HE
BYLAWS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;	ر ما روز در
C. ADOPTION OF OPERATING BUDGETS OF THE CORPORATION OR ANY SUBSIDE	u.
AFFILIATE ENTITY, INCLUDING CONSOLIDATED OR COMBINED BUDGETS OF T	
THE CONTROL OF THE CO	
_CORPORATION_AND_ALL_SUBSIDIARY_ORGANIZATIONS_OF_THE_CORPORATION;_	نگ بند افتا بین کو بیان بیان بین بیان بین بیان بین بین بین بین بین بین بین بین بین بی
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D. ADOPTION OF CAPITAL BUDGETS OF THE CORPORATION OR ANY SUBSIDIA	ARY_OR
AFFILIATE ENTITY:	
en e	والمستقدمة والمرافقة
E. AGGREGATE OPERATING OR CAPITAL EXPENDITURES ON AN ANNUAL BASIS	
EXCEED APPROVED OPERATING OR CAPITAL BUDGETS BY A SPECIFIED DOLLA	AR AMOUNT
TO BE DETERMINED FROM TIME TO TIME BY THE GENERAL MEMBER;	ا بر برای برور برای می رواند و این برای برای برای برای برای برای برای این این برای برای برای این برای این برای این برای برای برای برای برای برای برای برای

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ESTABLISHED BY THE GENERAL MEMBER:	 - د د د د د د د د د د د د د د د د د د د
- <u> </u>	
مان کا با	
M. ANY TRANSACTION BETWEEN THE CORPORATION, A SUBSIDIARY OR AFFLI	LIATE AND
Tre Transfer to transfer to the transfer to th	million and was the first that the total and the first that the total and the total and the total and the con-
A DIRECTOR OF THE CORPORATION OR AN AFFILIATE OF SUCH DIRECTOR.	
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FORM 990, PART VI, QUESTION 10	میں شریعت میں اب اس میں ایل میں اپنے معاہدی ہیں ہے کہ ساتھ ہے کہ اس اس بھی میں بھی استریعت کے معاہدے کہ
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UTTER EAST BAY HOSPITALS	
DESCRIPTIONS OF BUSINESS TRANSACTIONS INVOLVING INTERESTED PER	SONS
SCHEDULE L. PART IV	بالناك كالبيكيكية والمساهينية في يدنيا بين ساويب فالكالم مساهات
BARRY HORN MD	عالی از افران به به در در این مردید به این است عرب می درد. معالی از افران به به به در در این مردید به این است مردید درد.
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LOUIS KOMARMY MD	المنازي تراوي ومرود والمناخ والفروس فيمود والمدود والموارد
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VIA AN ARMS-LENGHT AGREEMENT.	<u></u>
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FREDRIC HERSKOWITZ MD	
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البيانية غيث أنسانية ومينات ويتوجب والمواجه المنافعة عن المنافعة عن المنافعة عن المنافعة والمنافعة والمنافعة وا المنافعة التعاقب المنافعة والمنافعة والمنافعة المنافعة على المنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة	<u>ئۇنىڭ ئەركىيىنىڭ ئاسىلىك ئالىكى ئالىرىنىڭ بالىرىنىڭ بالىرىنىڭ ئالىرىنىڭ بالىرىنىڭ بالىرىنىڭ بالىرىنىڭ بالىرىن</u>
La	وبيب ميد بيد يور وسر يسرنيه بسرنيد مع رسه اسا ميه شده سدانيك أيكر أسريت عند سينسب بسري
عام المراجع	د. و چیزور دارد دارد می بیان به بیان به در موجود کنید شد بیان بیان بیان بیان بیان بیان بیان بیان
; ; ; ; ; ; ; ; ; ; ; ; ; ;	- Andrews Andrews
- معالمه که معنی همه محمد مایا تو در در معنی به معاونه به معنی به معنی به میسود - معالمه که معنی همه معاونه و در معاونه به معاونه به معاونه به معاونه و به میسود	<u>૽૽૽ૣૹ૽૽ૢૢૡૢ૽ૡ૽૽૽૽૽૽૽ૡૡ૽૽૽૽૿ૢ૽૽ૢ૽૽ૢૻ૽ૻ૽૽૽૽૽૽૽ઌઌઌઌઌઌઌઌઌઌઌ</u> ૽
؞ ۦۛۮڿڂ ڎ؞ڂؿڿڎڝؿۼڿڿۻڝڿڿڝڿڝڿڝڿڝڮڝڮۮڝڮۮڝۼڞڝڟٷڿڿڝڿڛۻڛۻڛڛڛڛڛڛڿڿڿڿڿڛڛڝ <i></i>	وسيع ويرابونين فعاصبت بدنته ينبون بالمناوية فلاتها بداب ويستب عبيمه لفرطاعة ب

SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Department of the Treasury

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Open to Public

> See separate instructions. Internal Revenue Service Employer identification number Name of the organization 94-1196176 SUTTER EAST BAY HOSPITALS Identification of Disregarded Entities Parti (F) Direct controlling (D) Total income (E) End-of-year assets (C) Legal domicile (state Name, address, and EIN of disregarded entity Primary activity entity or foreign country) Identification of Related Tax-Exempt Organizations Part II (F) Direct controlling: (D) Exempt Code section (E) Public charity status (A)
Name, address, and EIN of related organization (C) Legal domicile (state Primary activity (if section 501(c)(3)) or foreign country) SEE SCHEDULE R-1

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008.

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling : entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	Disprep alloca	-7 -75	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man par	uver3 uagiug eral or (1)
		country)					Yes	Νo		Yes	No
HAGNETIC IMAGING AF 94-2953833 175 LENNON LANE STE 100	PATIENT CARE	CA	n/a	RELATED	2,052,600	2, 489, 235.		X		×	ļ
SURG CTR OF ABSMC 47-0946086 3875 TELEGRAPH AVE	OUTPATIENT SURG	CA	N/A	RELATED	4,167,072.	4, 167, 941.		Х		X	<u> </u>
ALTA CT SERVICES LP 94-3083464 175 LENNON LANE, SUITE 100	PATIENT CARE	CA.	N/ A	RELATED	1,009,757.	940, 498.		X		X.	
بير ميد سيد بنيان موريد بسيد بيد بيد بيد بيد بيد بيد بيد بيد بيد ب									100000000000000000000000000000000000000		
				. **		0.101					
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B): Primary activity	(C) Legal domicile (state or Joreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SUTTER CONNECT 68-0209157 10470 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827	HEALTH CARE ADMIN	CA	SUTTER HEALTH	NONPROFIT CORP			
HEALTH VENTURES INC 94-2918780 350 HAWTHORNE ST CAKLAND, CA 94509	HEALTH SERVICES	CA	SUTTER EBH	CORP	6,502,317.	4, 268, 376.	100.0000
		•					1

Pa	Transactions With Related Organizations			
1 a b c	te. Complete line 1 if any entity is listed in Parts II, III, or IV: During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? Receipt of (I) interest (ii) annuities (iii) royalities (iv) rent from a controlled entity Gift, grant, or capital contribution to other organization(s) Gift, grant, or capital contribution from other organization(s) Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s)	1a 1b 1c 1d		X
f g h	Sale of assets to other organization(s) Purchase of assets from other organization(s) Exchange of assets Lease of facilities, equipment, or other assets to other organization(s).	1f 1g 1h 1i		X
j k n n	Performance of services or membership or fundraising solicitations by other organization(s). Sharing of facilities, equipment, mailing lists or other assets. Sharing of paid employees		X	X
ox p	Other transfer of cash or property to other organization(s)	1 <u>p</u> 1 <u>q</u> 1 <u>r</u>	X	×
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	shold (C)	s,	
	(A) (B) Transaction Amount Name of other organization(s) type (a-r)	nt invol	ved	
(1)	SEE SCHEDULE R-1			- 3 - 40
(2)				
(3)				
(4)		-,		
(5)				
<u>(6)</u>	Schedule	D/E-		ni anos
	Schedute	WILLO	itii aa	al ringe

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	organization		(E) Share of end-of-year assets	(F) Disproportionale ellocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mai	(H) General or marraging partner?	
			Yes	. No		Yes	No:	(1. 0(()(1.))(O))	Yes	No	
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و در در دو افراد و در											
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PartII Continuation of Identification of Related Tax-Exempt Organizations

(A). Name, address, and EIN of related organization	(B): Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E): Public charity status (if section 501(c)(3))	(F) Direct controlling
ADOLESCENT TREATMENT CENTERS, INC. 68-008844	3			1 1 1	
390 40TH STREET OAKLAND, CA 94609	HOSPITAL	CA	501(C)(3)	3	SUTTER EBH
ALTA BATES SUMMIT FOUNDATION 51-016018	4			[.	
2855 TELEGRAPH AVE #601 BERKELEY, CA 94705	FUNDRAISING	CA	501(C)(3)	11A	SUTTER EBH
SUTTER EAST BAY HOSPITALS 94-11961	6	A			
2450 ASHBY AVE BERKELEY, CA 94705	HOSPITAL	CA	501(°C)(°3)	3	SUTTER HETH
SUTTER WEST BAY HOSPITALS 94-05626	0				
2333 BUCHANAN STREET SAN FRANCISCO, CA 941	15 HOSPITAL	CA	501(C)(3)	3	SUTTER HITH
CALIFORNIA PACIFIC MEDICAL CTR FOUND. 94-27284	3				
1255 POST ST #700 SAN FRANCISCO, CA 941		CA	501(C)(3)	11A	SUTTER WEH
DELTA MEMORIAL HOSPITAL FOUNDATION 94-24170	2				
3901 LONE TREE WAY ANTIOCH, CA 94509	FUNDRAISING	CA	501(C)(3)	11A	SUTTER DELT
EAST BAY PERINATAL CENTER 51-01722	5				
350 HAWTHORNE AVE OAKLAND, CA 94609	HOSPITAL	CA	501(C)(3)	3	SUTTER EBH
EDEN MEDICAL CENTER 94-29481	0				
20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 945	46 HOSPITAL	CA	501(C)(3)	3	SUTTER HLT
MARI N COMMUNITY HEALTH 94-29947		*			1
250 BON AIRE ROAD GREENBRAE, CA 94904	SUPPORTING (OCA	501(C)(3)	11B	SUTTER HLTI
MARIN GENERAL HOSPITAL 94-28235	8				
250 BON AIRE ROAD GREENBRAE, CA 94904	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTI
MEMORIAL HOSPITAL LOS BANOS 94-155140	4		1		
520 W I STREET LOS BANOS, CA 93635	HOSPITAL	CA	501(C)(3)	3	SUTTER CVH
SUTTER CENTRAL VALLEY HOSPITALS 94-10809	7.				8 8 7 8
1700 COFFEE ROAD MODESTO, CA 95355	HOSPITAL	CA	501(C)(3)	3	SUTTER HLT
MILLS-PENINSULA HEALTH SERVICES 94-115620	5.4.4.4.4.4.4.4		1		
1501 TROUSDALE DRIVE BURLINGAME, CA 94010	HOSPITAL	CA	501(C)(3)	3.	SUTTER HLTI
MILLS-PENINSULA HOSPITAL FOUNDATION 23-728870	<u>5:</u>				
1501 TROUSDALE DRIVE BURLINGAME, CA 94010	FUNDRAISING	CA .	501(C)(3)	11A	MPHS
MILLS-PENINSULA SENIOR FOCUS 94-26639	8				
1720 EL CAMINO REAL BURLINGAME, CA 94010	HEALTH CARE	CA	501(C)(3)	9	MPHS

Schedule R-1 (Form 990) 2008

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address; and EIN of related organization			(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) 1 Public charity status (if section 501(c)(3))	(F) Direct controlling entity
PALO ALTO MEDICAL FOUNDATION	94-1156581					
2350 EL CAMINO REAL	MOUNTAIN VIEW, CA 94040	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTF
PALO ALTO MEDICAL FOUNDATION	HOSPITAL CO 94-2206441					
570 WILLOW ROAD	MENLO PARK, CA 94025	HOSPITAL	CA	501(C)(3)	3	SUTTER HLT
SUTTER WEST BAY MEDICAL FOUND	ATION 94-2948131	_				
1700 CALIFORNIA STREET #530	SAN FRANCISCO, CA 94109	HOSPITAL	CA	501(C)(3)	3:	SUTTER HLT
SAMUEL MERRITT UNIVERSITY	94-2992642					
450 30TH STREET # 2840	OAKLAND, CA 94609	UNI VERSITY	CA	501(°C)(3)	2	SUTTER EBH
ST. LUKE'S HEALTH CARE CENTER	51-0201241				, e	
3555 CAESAR CHAVEZ STREET	SAN FRANCISCO, CA 94110	HOSPITAL	CA	501(C)(3)-	3	SUTTER WBH
SUTTER AMADOR HOSPITAL	68-0291072	1				
200 MISSION BLVD.	JACKSON, CA 95642	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTI
SUTTER AUBURN FAITH HOSPITAL	FOUNDATION 94-2594966			* * * * * * * * * * * * * * * * * * *		
11815 EDUCATION ST.	AUBURN, CA 95602	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR
SUTTER COAST HOSPITAL	94-2988520	1.				
800 E WASHINGTON BLVD.	CRESCENT CITY, CA 95531	HOSPITAL	CA	501(C)(3)	3	SUTTER HLT
SUTTER DAVIS HOSPITAL FOUNDAT	ION 68-0217870			∤ :		
2000 SUTTER PLACE	DAVIS, CA 95616	FUNDRAISING	CA	501(C)(3)	11A -	SUTTER SSR
SUTTER DELTA MEDICAL CENTER	94-1552887				· ·	
3901 LONE TREE WAY	ANTIOCH, CA 94509	HOSPITAL	CA	501(C)(3)	3	SUTTER HLT
SUTTER EAST BAY MEDICAL FOUND	ATION 94-2690415			· 27	.]	
3687 MT. DIABLO BLVD., #200	LAFAYETTE, CA 94549	HOSPITAL	CA	501(C)(3)	3	SUTTER HLT
SUTTER GOULD MEDICAL FOUNDATI	ON 94-1682256				1	
600 COFFEE ROAD	MODESTO, CA 95355	HOSPITAL	CA:	501(C)(3)	3	SUTTER HLT
SUTTER HEALTH	94-2788907				: .	
2200 RIVER PLAZA DRIVE	SACRAMENTO, CA 95833	SUPPORTING (OCA .	501(C)(3)	<u> 110 </u>	NA
SUTTER HEALTH PACIFIC	99-0298651					1
91-2301 FT. WEAVER RD.	EWA BEACH, HI, HI 96706	HOSPITAL	CA	501(C)(3)	3	SUTTER HLT
SUTTER HEALTH SACRAMENTO SIER	RA REGION 94-1156621		L			1:
2800 L STREET, 7TH FLOOR	SACRAMENTO, CA 95816	HOSPITAL	CA.	501(C)(3)		SUTTER HLT

12761	Continuation.	nf ldu	entification	of Related Tax-Exempt	Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SUTTER INSURANCE SERVICES CORPORATION 99-0289310					
745 FORT STREET, SUITE 800 HONOLULU, HI, CA 96813	INSURANCE SE	HI	501(C)(3)	11 B	SUTTER HLT
SUTTER LAKESIDE HOSPITAL 94-1628356			*	,	
5176 HILL ROAD EAST LAKEPORT, CA 95453	HOSPITAL	CA	501(C)(3)	3	SUTTER HLT
SUTTER MARIN 51-0206463		W		*	
180 ROWLAND WAY NOVATO, CA 94945	HOSPITAL	CA	501(C)(3)	3.	SUTTER HLT
SUTTER MATERNITY SURGERY CTR SANTA CRUZ 68-0279954		-			
2900 CHANTICLEER AVE SANTA CRUZ, CA 95065	HOSPITAL	CA	501(C)(3)	3	PAME
SUTTER MEDICAL CENTER FOUNDATION 94-2788906				·	
20130 LAKE CHABOT RD, #103 CASTRO VALLEY, CA 94546	FUNDRAISING	CA	501(C)(3)	17"	SUTTER HLT
SUTTER MEDICAL CENTER OF CASTRO VALLY 77-0146047					
2800 L STREET, #620 SACRAMENTO, CA 95816	HOSPITAL	CA	501(C)(3)	3	SUTTER HLT
SUTTER MEDICAL CENTER OF SANTA ROSA 68-0374805		:	:		
3325 CHANATE RD SANTA ROSA, CA 95404	HOSPITAL	CÄ	501(C)(3)	3	SUTTER HLT
SUTTER MEDICAL FOUNDATION 68-0273974		1., 1			
2800 L STREET, 7TH FLOOR SACRAMENTO, CA 95816	HEALTH CARE	CA	501(C)(3)	11B	SUTTER HLT
SUTTER NORTH MEDICAL FOUNDATION 94-1080019	. ــــــــــــــــــــــــــــــــــــ			<u>.</u>	
969 PLUMAS STREET #205 YUBA CITY, CA 95991	HOSPITAL	CA	501(°C) (°3)	3	SUTTER HLT
SUTTER REGIONAL MEDICAL FOUNDATION 20-0078199					F 277 N. 10727 1724. N.
2720 LOW COURT FAIRFIELD, CA 94534	HOSPITAL	CA	501(C)(3)	3	SUTTER HLT
SUTTER ROSEVILLE MEDICAL CTR FOUNDATION 68-0040113		i.		1	
ONE MEDICAL PLAZA ROSEVILLE, CA 95661	FUNDRAISING	CA	501(C)(3)	11A	SUTTER SSE
SUTTER SOLANO CHARITABLE FOUNDATION 94-2668262					
300 HOSPITAL DRIVE. VALLEJO, CA 94589	FUNDRAISING	CA	501(C)(3)	11A	SUTTER SOI
SUTTER SOLANO MEDICAL CENTER 94-1241942					
300 HOSPITAL DRIVE VALLEJO, CA 94589	HOSPITAL	CA	501(C)(3)	3	SUTTER HLI
SUTTER TRACY COMMUNITY HOSPITAL 94-1196220					
1420 N. TRACY BLVD. TRACY, CA 95376	HOSPITAL	CA	501(C)(3)	3:	SUTTER HL7
SUTTER VISITING NURSE ASSOC AND HOSPICE 94-6068843					
1900 POWELL ST., #300 EMERYVILLE, CA 94608	HEALTH CARE	CA.	[501(C)(3)	_ 9	SUTTER HL' -1 (Form 990) 2008

Schedule R-1 (Form 990) 2008

Part II Continuation of Identification of Related Tax-Exempt Organizations

Name, addre	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct contr entity	olling		
SUTTER VNA AND HOSPICE FOUND?		1		7		······································		
1900 POWELL ST., #300	EMERYVILLE,	94-2607708 CA 94608	FUNDRAISING	CA	501(c)(3)	9	SUTTER	ANV
TRACY HOSPITAL FOUNDATION		68-0318845					0.01/1.11	
1420 N. TRACY BLVD.	TRACY, CA 9		FUNDRAISING	CA	501(c)(3)	IIA.	SUTTER	TRA
<u>ئىڭ ئىڭ ئىڭ ئىلى ئىلىرىنىڭ بىلىرىنىڭ بىلى ئىلى ئىلىرىنىڭ ئىچانىڭ ئىلىرىنىڭ ئېلىر ئىلىر ئىلىر ئىلىراسلاسلاسلاسلاسلاسلا</u>			:					
A3				i.				
ا نین بند میں بین اینزائیٹ آپنیا <u>دادات کے سائند س</u> ی بند مینامید منہ بند میں میں میں اس میں میں اس میں میں اس مس	ر موسونون مورستان کو بیان مورستان بسر سروستان مورستان می می استان می می استان استان استان استان استان استان استا			,				
	<u> </u>			:				
ر می <u>ستر ساختار مید میدارسیا ایسار سرالیسرالیس ب</u> سر رسیا بیدار میداشتر بست ملته میدارشد است است بیدار بیدار ساز می اسخ میدار میدار	يانينا إنياز سرسار سانسات بالساسر سانشا							
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ت من بين بنه بن عالم عالم بنيان بنا بن نسائم بنا بنا بنائم أنم جارين كاخب جاريب كالمحاصر عالم		المينية يسترسد المينزلينين ليف ليفير ليفتار يفتار أفقاء المفارقيف الأسار الجادات المدارك أنساء المداركات			1		1	
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<u> </u>		أحسر حب أحب حبين بعثم حبين ينشش بسيد باشد أبشد بسياسية بينية بينية بنيية بالبيث للشاديث بساء بيب بر	-					
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Name of the state								· · ·
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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant Income (related, Investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispreparatule allocations?	(I) Code V-UBI amount on box 20 of K-1	(J) Ganara manag parine	ral b ging
				· ·			Yes No		Yes	No
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Part W Continuation of Identification of Related O	ganizations Tax	able as a Corp	oration or Trus	t			, .
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
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Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2).

PartV Continuation of Transactions With Related Organizations (Schedule R. (Form 990), Part V. (A) Name of other organization	(B) Transaction Type (a-r)	Amount (uvojver)
(7) ADOLESCENT TREATMENT CENTER, INC.	N N	71,541.
(8) ADOLESCENT TREATMENT CENTER, INC.	A	132,602.
(9) ADOLESCENT TREATMENT CENTER, INC.	H H	850,000
(10) ALTA BATES SUMMIT FOUNDATION	N	84,000.
(11) ALTA BATES SUMMET FOUNDATION		10, 265, 165.
(12) ALTA BATES SUMMIT FOUNDATION	<u> </u>	3, 091, 533.
(13) ALTA CT SERVICES, A CALIFORNIA LP		1,273,226.
(14) EAST BAY PERINATAL CENTER	N.	48,000
(15) EAST BAY PERINATAL CENTER	X.	194,832
(16) EAST BAY PERINATAL CENTER	H:	2, 050, 000
(17) HEALTH VENTURES, INC.	A	23,029
(18) HEALTH VENTURES, INC.	Ñ	11,968,928
(19) MAGNETIC IMAGING AFFILIATES, A CALIFORNIA LP	R	1,973,391
(20) SAMUEL MERRITT UNIVERSITY	Ň.	34,795
(21) SAMUEL MERRITT UNIVERSITY	'Н.	738,996
(22) THE SURGERY CENTER OF ABSMC, LLC	R	2,378,650
(23) THE SURGERY CENTER OF ABSMC, LLC	Ň	25, 200
(24)		chedule R-1 (Form 990) 2008

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	
ADVANCED CLINICAL EMPLOYMENT 28276 STARE HWY 75 ONEOTA, AL 35121	MEDICAL SERVICES	16, 220, 760.
EAST BAY PERINATAL MED ASSOC 350 30TH STREET STE 208 OAKLAND, CA 94609	MEDICAL SERVICES	6 _r 000, 322.
ALLIED BARTON SECURITY SVC PO BOX 828854 PHILADELPHIA, PA 19182-8854	SECURITY SERVICE	4, 815, 244.
PARKING CO OF AMERICA MGMT LLC 11101 LAKEWOOD BLVD DOWNEY, CA 90241	PARKING SERVICES	4,053,438.
HRN SERVICES INC 8383 WILSHIRE BLVD BEVERLY HILLS, CA 90211	MEDICAL SERVICES	3, 232, 659.
TOTAL C	COMPENSATION	34, 322, 423.

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

FESEAS INVESTMENTS CAPITAL LEASE

650,000.

ORIGINAL AMOUNT: 650,000
INTEREST RATE: 12.800000
DATE OF NOTE: 08/01/1984
MATURITY DATE: 07/01/2009
REPAYMENT TERMS: MONTH:

MONTHLY PRINCIPAL & INTEREST

SECURITY PROVIDED:

BUILDING

PURPOSE OF LOAN:

LEASE BUILDING

BEGINNING BALANCE DUE ENDING BALANCE DUE

131,545.

51,830.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

131,545.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

51,830. حدد فالمتال المراجد